



FREEPHONE: 0800 980 3803
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Caravan Insurance – Quotation Request

To save you time we have kept this form as brief as possible. Use the tab key to move through the form. If you do not know the answer, please state “unknown”. When complete, kindly save as your surname and email to enquiries@edisonfordinsure.co.uk

Tell us about you

Title	<input type="text"/>
Your first name/s	<input type="text"/>
Your Last name	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> DD/MM/YYYY
House name or number	<input type="text"/>
Street	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Post code	<input type="text"/>
Contact telephone number	<input type="text"/>

Caravan Details

Type of caravan	<input type="text"/> Other _____
Make	<input type="text"/>
Model	<input type="text"/>
Length	<input type="text"/> <input type="checkbox"/> Metres <input type="checkbox"/> Feet
Year of manufacture	<input type="text"/>
Value	£ <input type="text"/>
Awning sum insured	£ <input type="text"/>
Contents sum insured	£ <input type="text"/>
Is a wheel clamp fitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a hitch lock fitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address where caravan is kept	<input type="text"/>

Claim history

Have you made any caravan claims in the last 5 years? Yes No If yes, please complete this section.

Claim 1 -	Date	<input type="text"/>
	Circumstances	<input type="text"/> Accident, theft, etc.
	Value of claim	£ <input type="text"/>
Claim 2 -	Date	<input type="text"/>
	Circumstances	<input type="text"/> Accident, theft, etc.
	Value	£ <input type="text"/>
Claim 3 -	Date	<input type="text"/>
	Circumstances	<input type="text"/> Accident, theft, etc.
	Value	£ <input type="text"/>

Existing insurance details

Who are you currently insured with?	<input type="text"/>
What is the renewal date of your current policy?	<input type="text"/>
What is your renewal premium?	£ <input type="text"/>
Premium of best quotation received	£ <input type="text"/>
Name of insurer providing best quotation	<input type="text"/>

Any additional information that you feel may affect this policy