



FREEPHONE: 0800 980 3803
SWITCHBOARD: 01454 322266
E-MAIL: enquiries@edisonfordinsure.co.uk

Fleet/Multi-vehicle – 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/ your business

Title	<input type="text"/>
Your first name/s	<input type="text"/>
Your last name	<input type="text"/>
Business name	<input type="text"/>
Business Address 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"/>
Website address (if you have one)	<input type="text"/>
Nature of business	<input type="text"/>
Number of years in business	<input type="text"/>

Drivers schedule

Fleet policies are normally provided on an any driver basis but can be restricted to incorporate age restrictions..

Please choose your preferred age restriction. Any over 17 Any over 21 Any over 25

Drivers schedule for drivers aged under 25

Driver's Name	Age	Type of Licence	Years licence held	Accidents	UK Resident	Cover
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Confirmed claims experience

Please note that if your current policy is on a fleet basis, we will require sight of your "Confirmed Claims Experience". This can be obtained from your current insurer. No quotation can be confirmed without this.

Claims/conviction experience

Driver's Name	Date	Claim Type/Conviction code	Cost/Fine	Points/Ban
			£	
			£	
			£	
			£	
			£	
			£	
			£	
			£	
			£	
			£	
			£	
			£	

Vehicle Schedule

	Registration Number	Make and Model	Engine Size CC/GVW	Year	Value	Cover	Years No Claims Bonus (If not Fleet Rated)
1					£		
2					£		
3					£		
4					£		
5					£		
6					£		
7					£		
8					£		
9					£		
10					£		
11					£		
12					£		
13					£		
14					£		
15					£		
16					£		
17					£		
18					£		
19					£		
20					£		

Additional information

Do you carry any hazardous goods or visit hazardous locations?

Yes No

Do you require any foreign use

Yes No

Existing insurance details

Who are you currently insured with?

What is the renewal date of your current policy?

What is your renewal premium?

£

Premium of best quotation received

£

Name of insurer providing best quotation

Any additional information that you feel may affect this policy