



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

Motor 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"/>

Vehicle details

Make of Vehicle	<input type="text"/>						
Precise model of vehicle	<input type="text"/>						
Engine size	<input type="text"/>						
Registration number	<input type="text"/>						
Year of manufacture	<input type="text"/>						
Value	£ <input type="text"/>						
Details of modifications (if any)	<input type="text"/>						
Where is the vehicle kept overnight?	<input type="text"/>						
Does the vehicle have an alarm/immobiliser?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you the owner and keeper of the vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<table><tr><td>If No,</td><td><input type="text"/></td><td>Name of keeper/owner</td></tr><tr><td></td><td></td><td>Relation to you (spouse, brother etc.)</td></tr></table>	If No,	<input type="text"/>	Name of keeper/owner			Relation to you (spouse, brother etc.)
If No,	<input type="text"/>	Name of keeper/owner					
		Relation to you (spouse, brother etc.)					

Cover and use details

What is the vehicle used for	<input type="text"/>
Years no claims bonus	<input type="text"/>
Cover required	<input type="text"/>
Annual Mileage covered	<input type="text"/>

Drivers schedule

Driver's Name	Date of Birth	Occupation	Licence	Years licence held	Relationship to Proposer	Expected annual mileage
	/ /					
	/ /					
	/ /					
	/ /					
	/ /					
	/ /					

Accidents/Claims/Convictions

Driver's Name	Date	Accident/theft Conviction	Fault	Fine/ Claim Amount	Conviction Code	Points
	/ /			£		
	/ /			£		
	/ /			£		
	/ /			£		
	/ /			£		
	/ /			£		

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"/>