



eFleet Quote Direct

Unit 2 • Chaucer Business Park
Whitstable • Kent CT5 3FE

www.efleetquotedirect.co.uk
0870 420 1111



Please complete form and e-mail to: **quotes@efleetquotedirect.co.uk**
(using the post this form button on page 2)

Name:								
Address1:								
						Postcode:		
Address2:								
						Postcode:		
Contact Name:				Telephone:			Mobile:	
Trade Description:						Years Established:		
Current Insurer:				Renewal Premium:			Renewal Date:	
Your Website:					Your email:			
Operators Licence:								
No' of Drivers:	Under 25:			Over 65:				
Do you employ Agency/Temporary Drivers or Foreign Nationals:								
No' of Drivers with:	Criminal Convictions:		Motoring Convictions:		Disability:		Convictions Pending:	
Please complete below details for any of the above driver questions, ie. ages of drivers and conviction details								
Drivers:	Do you check licences every 6 months:			Any driver training undertaken:				
	Do you provide a Driver Handbook:			Do Non Employees Drive:				
Cover Required:								
Carriage of Goods:	Own Goods:			Hazardous Goods:			Other:	
Any Foreign Use:	Do you operate overseas:			If yes days within the EU:			Days outside EU:	
Claims Experience:	Current Year:	No' of vehicles:		No' of Claims:		Cost of Claims:		
	2 Years ago:	No' of vehicles:		No' of Claims:		Cost of Claims:		
	3 Years ago:	No' of vehicles:		No' of Claims:		Cost of Claims:		
Please complete below brief details and costs/estimates of claims:								



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Vehicle Details

Please complete the details of the vehicles in your fleet. Details completed within this form will be the basis of your insurance cover, if you complete this form incorrectly this may result in invalidating your fleet insurance cover.

	Make & Model	Type	Registration	Engine (CC)	Year	Average Milage	Value (£)	GVW	Cover	N.C.D.
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Please check the details entered within this form carefully as they will form the basis of your insurance cover. Failure to disclose material facts or disclosure of false information could invalidate your insurance or result in the policy not operating properly or a claim not being paid. By submitting this form you agree to this condition.