# FlexiCourier | QUOTATION REQUEST FORM

# Please answer the following questions fully and correctly.

# It is important you disclose all Material Information which, as an Insured, you know or are expected to know about the risk for which you are seeking insurance as a failure to do so may lead to a claim being refused.

# If you have any doubts then please call us on 0151 353 3881 for advice.

# PROPOSER’S DETAILS

|  |  |
| --- | --- |
| Full name |  |
| Home Address & Garaging Address (if different) |  |
| Number of years at your current address |  |
| Any other addresses in past 3 years (with dates) |  |
| Contact Number |  |
| Email Address |  |
| Date of Birth (MM/DD/YYYY) |  |
| How long have you been a UK resident? |  |
| |  | | --- | | Have you or any proposed driver had any insurance declined, cancelled, renewal refused or additional special terms applied? | |  |
| Do you have any medical condition or disability that the DVLA need to be aware of? |  |

# VEHICLE INFORMATION

|  |  |
| --- | --- |
| Registration Number |  |
| Vehicle Make |  |
| Vehicle Model |  |
| Vehicle Value |  |
| Has the vehicle been imported, modified, converted or customized and, if so, please provide details? |  |
| Has the vehicle been a category A or B in the code of practice for the disposal of motor vehicle salvage? |  |

# INSURANCE INFORMATION

|  |  |
| --- | --- |
| Have *You* had a courier insurance policy in the last 2 years? |  |
| No Claims Bonus (Years) (Earned on a Courier Policy) |  |
| Please provide details of any motoring convictions you have had in the last 5 years. |  |

# PLEASE STATE

|  |  |
| --- | --- |
| Name of the Principal (Employer) you work for |  |
| Name of the Vehicle Hire/Rental Company |  |

# PLEASE PROVIDE DETAILS OF ALL CLAIMS IN THE LAST 5 YEARS INVOLVING ANY DRIVER TO BE INSURED WHETHER OWN FAULT OR NOT OR, IF NONE, PLEASE STATE NONE.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Driver | Date of Accident | Fault or Non Fault | Amount | Settled Y/N |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# ADDITIONAL DRIVER 1

|  |  |
| --- | --- |
| Full name |  |
| Home Address/ Garaging Address |  |
| Home phone |  |
| Email Address |  |
| Date of Birth (MM/DD/YYYY) |  |
| Driving Licence Number. |  |
| How long have you been a UK resident? |  |
| Do you have any medical condition or disability that the DVLA need to be aware of? |  |
| Driving Convictions in last 5 years |  |

**In order to obtain a quotation, please email this form, when completed/signed to** [**flexicourier@aldium.co.uk**](mailto:flexicourier@aldium.co.uk) **with:**

* **a CLEAR copy of the front and rear of your photo card driving license**
* **a copy of your DVLA Licence Check Summary.**

**We will contact you if we have any queries otherwise we will provide you with a quotation based on the information you have provided.**

**If you wish to proceed subsequently, we will require all of the following BEFORE cover can be incepted**

* **Proof of Address for past 3 years.**
* **Proof of any No Claims Bonus earned you wish to claim for**
* **Payment of the premium in full**

**If you have any questions or require additional help please call us on 0151 353 3881.**

I have disclosed all Material Information in connection with this application and understand any errors or omissions on my part could lead to a claim being refused.

I understand and agree that:

* This insurance may be issued in the joint name of the Principal (Employer) for whom I’m working or the Hirer of the vehicle at their request.
* You may provide information about this insurance to any Principal or Hirer
* In the event of cancellation of this insurance there will not be any return of premium.

**Signature: Date:**