



# 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?	
How did you hear about us?	

## 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 <i>You</i> 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	
---	--

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**

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

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:**