



## **FLEXICOURIER QUOTATION REQUEST FORM**

The purpose of this form is to obtain the information necessary in order to provide a quotation for Courier monthly Motor Insurance with the option to include, if required, Goods In Transit, Public Liability and, if you employ anyone, Employers Liability insurance.

This form is only appropriate for insurance

- in the name of an individual who is also the main driver
- who operates no more than the one vehicle for courier use
- where the vehicle is no greater than 3.5t GVW
- where all drivers are between the ages of 19 and 75

Please contact us if you require cover outside of these parameters

***Please don't forget put your (electronic) signature on the declaration on the final page!***

### **IMPORTANT – PLEASE READ BEFORE THIS FORM IS COMPLETED**

Please answer the following questions fully and correctly.

You must 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 as to what is Material Information, please call us on 0151 353 3881 for advice.

Ensure the Form is signed and dated on the last page.

Please email this form, when completed/signed to [flexicourier@aldium.co.uk](mailto:flexicourier@aldium.co.uk).

## GENERAL INFORMATION (to be completed in all cases)

PROPOSER & MAIN DRIVER DETAILS	
Full Name	
Home Address	
Number of Years at your current Address	
ALL other Addresses within the last 3 Years (with Dates)	
Contact Number	
Email Address	
Date of Birth	
Years as a UK Resident	
Years operating as a Courier	
HISTORY	
Have You or any Driver ever been	
1. Charged or convicted of a criminal offence other than a motoring offence?	Yes/No
2. Declined or refused insurance cover or had insurance cover cancelled or subject to special terms	Yes/No
3. Subject to a CCJ or bankruptcy or to any voluntary or mandatory insolvency or winding up proceedings	Yes/No
4. Disqualified under the Company Directors Disqualification Act 1986 or any subsequent legislation	Yes/No
If you have answered Yes to any of these questions, please provide full details including dates here	
BUSINESS ACTIVITIES	
Do you	
1. Undertake any activities other than collection and delivery of goods?	Yes/No
2. Operate outside of the UK?	Yes/No
3. Install or remove any electrical goods e.g. washing machines, dishwashers etc.?	Yes/No
4. Knowingly carry any hazardous Goods?	Yes/No
If you have answered Yes to any of these questions, please provide full details including dates here	
OTHER INFORMATION	
Please state the names of those networks and business (e.g. DSP) if any that you are directly contracted with to drive for	
Please state the name of the company the vehicle is rented/hired/leased from and their full postcode	
Please state how you found out about us	

# MOTOR INSURANCE

VEHICLE DETAILS				
Registration Number				
Make & Model				
Value				
Has the vehicle been imported, modified, converted or customized and, if so, please provide details?				Yes/No
Has the vehicle been a category A or B in the code of practice for the disposal of motor vehicles?				Yes/No
ADDITIONAL DRIVER DETAILS				
Full Name				
Home Address				
Number of Years at your current Address				
ALL other Addresses within the last 3 Years (with Dates)				
Contact Number				
Email Address				
Date of Birth				
Years as a UK Resident				
DRIVING HISTORY				
State number of years No Claims Discount entitlement (Only eligible if earned on Courier Motor Insurance)				
Please answer the following about yourself and any additional Driver				
Please provide details of any motor accidents/losses/claims in the last 5 years or state 'None' here				
Name of Driver	Incident Date	Amount	Fault/Non-Fault	Settled
Please provide details of any 1. motor convictions or state 'None' here 2. medical conditions/disabilities the DVLA should be aware of or state 'None'				
If you have answered Yes to either of the above please provide details including Driver and Dates				
<p>If you are applying for a motor insurance quotation please do not send this form in on its own as you will also need to provide the following and we cannot provide a quotation without all of these</p> <ul style="list-style-type: none"> <li>a CLEAR copy of the front and rear of your photo card driving license</li> <li>a copy of your DVLA Licence Check Summary.</li> <li>proof of your address for the past 3 years</li> <li>evidence of any (Courier Insurance only) No Claims Discount entitlement you wish to claim for</li> </ul>				

## NON-MOTOR INSURANCES

COVER REQUIREMENTS		
1. Goods In Transit	Yes/No	
Sum Insured	£	
2. Public Liability	Yes/No	
Indemnity Limit	£	
3. Full Employers Liability	Yes/No	
Indemnity Limit	£10,000,000	
4. Temporary Employers Liability (Limited to 30 days to cater for holiday/illness cover etc.)	Yes/No	
Indemnity Limit	£10,000,000	
If you require Employers Liability, please provide your ERN Number of state if exempt		
CLAIMS		
Have you had any claims or have there been any incidents, insured or not, in the past 5 years of		
1. Lost or damaged Goods	Yes/No	
2. Injury to Third Parties or damage to Third Party property i.e. not your own property and NOT caused by the use of a motor vehicle	Yes/No	
3. Injury to or death of any persons working for you	Yes/No	
If you have answered Yes to any of the above, please provide details		
Incident Date	Circumstances	Amount

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:

- Subject to the Insurer's agreement, 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.
- If the policy is issued in joint names I understand that any claims reported by any driver during the period of insurance may appear against my name as joint policyholder.
- You may provide information about this insurance to any Employer, Hirer or other Principal
- In the event of cancellation of this insurance there will not be any return of premium.

Signature:

Date: