

# Motor Insurance Database

## Manual Business Information

Quote Ref.		Policy no.	
Scheme name/code			

Broker details
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### 1. Information to be supplied for all classes of business

Reason for transaction (circle one)	New Business / Adjustment / Renewal
Policyholder's Full Name (do not give only initials)	
Policyholder's Date of Birth and/or Age	
Occupation	
[First line of] Address	
Postcode	
Effective Date <sup>1</sup>	
Vehicle Reg Mark	<i>(for multiple vehicles attach list)</i>
Vehicle Make and Model	
Where is vehicle kept overnight? <i>(tick one)</i>	Garage <input type="checkbox"/> Driveway <input type="checkbox"/> Street <input type="checkbox"/> Private Car Park <input type="checkbox"/> Other (Specify) _____
Number of years NCD	Protected: Y / N
Policyholder/Named Driver Convictions/Licence Endorsements	<i>(use separate sheet if necessary)</i>
Policyholder Claims	Y / N [Enter details on next page]
Permitted Driver Description	
Class of Use	
Named Driver 1's Full Name	
Named Driver 1's Date of Birth or Age	
Named Driver 2's Full Name <sup>2</sup>	
Named Driver 2's Date of Birth or Age	
Premium including IPT	

<sup>1</sup> For adjustments, insert the effective date of the **change**

<sup>2</sup> For further named drivers, please continue on a separate sheet

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### 2. Additional information required for individual business types

#### 2a. Additional information for public and private hire vehicle policies

Public hire		Private hire	
Tick if policyholder excluded from driving	<input type="checkbox"/>		
SD&P use IRO			
Taxi experience			
Area of operation			

#### 2b. Additional information for classic car policies

Value		Agreed?	Y / N
Limited mileage (enter distance)			

#### 2c. Additional information for CV / HGV policies (circle which applies)

Gross vehicle weight			
Operator's licence number (tick if insured's own)	<input type="checkbox"/>		
Type of licence held		Years Held	
Tick if required	Carriage of own goods <input type="checkbox"/> SD&P <input type="checkbox"/> Haulage <input type="checkbox"/>		
Tick and give details if:	Refrigerated vehicle <input type="checkbox"/> Tipper vehicle <input type="checkbox"/> Hazardous goods carriage <input type="checkbox"/> Trailer cover <input type="checkbox"/>		
Territorial limits			

#### 2d. Additional information for motor trade policies

Vehicle types			
No. of vehicles		Maximum vehicle value	
Trade plates included?	Y / N		
Other occupations, if any			
Vehicle schedule attached?			

#### 2e. Additional information for motorcycle/scooter policies

Type of licence	
Number of years held	

### 3. Details of claims in past 3 years

[Enter accident dates and brief description - continue on a separate sheet if necessary.]