

CALEB ROBERTS SCHEMES AGRICULTURAL VEHICLE INSURANCE

BROKER STAMP

Contact

Telephone No.

Fax No.

Are You A Holding Broker? Yes No

Present Insurer

Premium £ (This Year) Premium £ (Last Year)

GENERAL QUESTIONS

Clients Name/Title:

Correspondence Address: Postcode:

Risk Address (If different from above):

Occupation (Including part time):

Nature Of Business

New Venture YES NO Reason for quote:

VEHICLE SCHEDULE

AGRICULTURAL, FORESTRY VEHICLES

Make & Type of Vehicle & Body	Year of Make	Value	Cover	Registration Number	Voluntary Excess (£100 or £250 only)

ARE THE VEHICLES OR TRAILERS USED FOR:

TREE FELLING? ANSWER YES/NO

TREE HAULAGE OTHER THAN ON YOUR BUSINESS? ANSWER YES/NO

CONTRACTING PURPOSES? ANSWER YES/NO

IF YES SPECIFY PERCENTAGE OF ANNUAL TURNOVER

AGRICULTURAL TRAILERS. EXCLUDING ANY HORSEBOX, CARAVAN OR FUEL TRAILER COVER AUTOMATICALLY PROVIDED FOR UNSPECIFIED TRAILERS UP TO £50,000. WHILST ATTACHED OR DETACHED. COVER ALSO INCLUDES WHILST ATTACHED TO OR DETACHED FROM A PRIVATE CAR OR COMMERCIAL VEHICLE.

**FAX THE FACTS TO
CALEB ROBERTS
on
01694 724095
(TELEPHONE 01694 723020)**

GOODS CARRYING VEHICLES & TRAILERS

Make & Type of Vehicle (Please indicate if left hand drive).	Year of Make	Gross Vehicle Weight (kg)	Cubic Capacity	Voluntary Excess Amount	Estimated Value	Are goods carried for hire or reward	Number of years NBC	Cover

ARE ANY HAZARDOUS GOODS CARRIED? YES/NO
 IF SO SPECIFY

COVER PROVIDED IS SOCIAL DOMESTIC & PLEASURE PURPOSES AND IN CONNECTION WITH YOUR BUSINESS AS DETAILED ABOVE.

WILL THE VEHICLE BE USED FOR ANY OTHER PURPOSE? YES/NO
 IF SO PROVIDE FULL DETAILS

PRIVATE CARS

Make & Model (Please indicate if left hand drive)	Year of Make	Cubic Capacity	Petrol/ Diesel	Garaged Overnight	Estimated Value	Cover	Number of Years NBC	NBC Protection	Annual Mileage

ADVISE IF YOU REQUIRE A VOLUNTARY EXCESS.....
 DO YOU REQUIRE A DRIVING RESTRICTION, STANDARD COVER IS ANY DRIVER OVER 25

DRIVERS

Title	Initial	Surname	Occupation (Inc Part time).	Self Employed Yes/No	Age	Type Of Licence	Date Passed Test
Proposer							

HAVE YOU OR ANY PERSON WHO MAY DRIVE THE VEHICLE

- 1) ANY PHYSICAL OR MENTAL DEFECT, IMPAIRED OF SIGHT, HEARING, HEART, DIABETIC OR EPILEPTIC CONDITION OR ANY OTHER COMPLAINT?
- 2) EVER HAD ANY MOTORING CONVICTION, DISQUALIFICATION, FIXED PENALTIES OR PROSECUTIONS PENDING?
- 3) HAVE YOU PREVIOUSLY BEEN INSURED IN RESPECT OF A MOTOR VEHICLE?
- 4) HAVE YOU OR ANY PERSON WHO MAY DRIVE BEEN DECLINED MOTOR INSURANCE OR HAD A MOTOR POLICY CANCELLED OR ANY SPECIAL TERMS IMPOSED?
- 5) HAVE YOU OR ANY PERSON WHO MAY DRIVE HAD ANY ACCIDENTS/CLAIMS/LOSSES (WHETHER TO BLAME OR NOT) IN CONNECTION WITH ANY MOTOR VEHICLE DURING THE LAST THREE YEARS?

IF YOU HAVE ANSWERED **YES** TO ANY OF THE ABOVE PLEASE PROVIDE DETAILS BELOW.

ADDITIONAL INFORMATION