

Self Drive Hire Insurance Quotation



Tel: 0845 456 0826
Fax: 0845 456 0825
Mob: 07970 379987

Full Name of Company: Address:		Names of Owners/Partners/Directors: First Name Surname Age	
Postcode:		Specify below Postcodes of any other trading sites:	
Telephone Number:			
No of Years Established as Hire Operator:		How many years trading from the main premises?	
Is SDH your main source of income? (yes / no)		If 'No', what is?	
Do you operate a new vehicle franchise?		If 'yes', what franchise?	
Do you operate a Motor Trade policy?		If 'yes' - name of Insurer and current cover type	
No of manual / clerical staff No with 3+ yrs SDH experience		How many sets of trade plates do you have?	

Inception / Renewal Date		Current Insurer	
Cover Req'd (Comp/TPF&T/ TP)		Excess Level (Min £750)	
Current Rating Basis		(ie Turnover / Premium per vehicle / Daily Rate)	

<u>Current Vehicle Schedule</u>	Total No of Vehs	Vehicle Age Span (years)				Vehicle Value Span			
No of Cars under 2000cc		From		To		From £		To	
No of Cars 2000cc to 2500cc		From		To		From £		To	
No of ComVehs under 3.5T GVW		From		To		From £		To	
No of Com Vehs 3.5T to 7.5T GVW		From		To		From £		To	
No of People Carriers 7 Seats		From		To		From £		To	
No of Minibuses 8 to 17*		From		To		From £		To	

*including driver max 17 seats

Projected Turnover : Conventional Insurance	£	Hirers Own Insurance -	£
Projected Utilisation of hire fleet for the next year : %	What is the average hire period Days
What percentage of your hires are insured using your customers own insurance? %		
Any 'Credit Hire' ? (if 'yes' specify % proportion) %	No of foreign trips per annum	

<u>Business History</u>	No of Vehicles Operated	Conventional Turnover ' £ '	Hirers Own Insurance '£'	No of Hire Days
2003 to 2004	Cars			
	Other Vehicles			
2002 to 2003	Cars			
	Other Vehicles			
2001 to 2002	Cars			
	Other Vehicles			

Is Social Domestic Pleasure & Business use required? Yes/No (If YES please complete a Road Risk Proposal Form.)	Please provide the following information when requesting a quotation: 1) A CONFIRMED CLAIMS EXPERIENCE FOR SELF DRIVE HIRE. 2) A COPY OF YOUR CURRENT VEHICLE SCHEDULE. 3) A COMPLETED ROAD RISKS PROPOSAL FORM (IF REQUIRED).		
If Social Domestic Pleasure & Business use is NOT required please give the name of you current Insurance Company and Policy details.	Current Insurer:- Policy /Cert No:-	Date of expiry:-	

Broker Name: AUTOMOTIVE INSURANCE MANAGEMENT LTD Contact: DEREK YATES Tel No: 0845 456 0826 Fax No: 0845 456 0825 Date: / /
--