



**Commercial Vehicle Submission
For 1 to 4 vehicles**

Policyholder Title/Company Name	
Principal Name and D.O.B.	/ (/ /)
Address:	
Business / Occupation	
Years in business	

Accidents/Convictions/Claims:

If yes give details below, including dates and length of ban, penalty points and any money paid out, or if claims still open

Driver Details

Name	DOB	Licence Type	Medical Conditions	Accidents/Convictions/Claims
Proposer			Yes/No	Yes/No

Additional Detail on Drivers with Medical Condition and /or Accident/ Convictions

Driver Name	Date	Detail

Vehicle Details

Reg. No.	MakeModel /Carrying Capacity	Year	Value	Cover	Driver Options	Use:	NCB Years Protected / Unprotected

Cover Options: Comp/ TPF&T/ TPO

Driver Options: ND – Named Drivers
 OD – Open Drive 26-65 years with full clean licence
 OD + ND – Open Drive as above + any named driver.

Use: **OG** - Carriage of Own Goods (Please specify if the vehicle is used for Delivery)
HR - Hire & Reward - Local Haulage (Courier Use excluded)
IHR - Hire & Reward - International Haulage

Are there any special features on the vehicles, ie tipper/hoist ?

If vehicle is a crew cab, how many extra seats are in the vehicle ?

Does the client require additional trailer cover (TPO given automatically), if so please specify

Specified Trailers

Make / Type	Serial No./ Chassis No	Value	Cover basis

Unspecified Trailers

Maximum Total value Insured at any one time	Total Number of Trailers	Maximum Value any one Trailer	Cover basis

CV Submissions can be faxed or emailed to the Private Lines Broker Team

Fax No. **028 66347475**

Email: **plbrokers@quinn-direct.com**

Or you can contact us during office hours for a quotation on Tel. No. **0800 085 4200**

Please note we cannot take instructions for cover by fax or email unless a quotation has been provided and is still valid.