

TAXI QUOTE FORM

Email/fax to sales@tradex.com or to 0207 959 7530. Please answer ALL questions.

Broker's name	Contact name
Telephone number	Fax number
Email address	Quote required by

PROPOSER'S DETAILS

Proposer's name
Licensing Authority
Home address
Postcode
Length of residency in the UK

DRIVERS DETAILS

Main driver	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Proposer/1st Driver	2nd Driver	3rd Driver
Surname	As above		
First name	As above		
Date of Birth/Age	/ / Age	/ / Age	/ / Age
Home postcode			
Licence: Full/EU/UK			
Number of years held			
PSV/Taxi Licence			
Number of years held			
Driving experience in licensing authority area			
Any part time occupation?			
Are there any disabilities that require disclosure to the DVLA, DVA or your licensing authority? Does any driver hold a restricted licence?	Yes <input type="checkbox"/> No <input type="checkbox"/> Give details overleaf	Yes <input type="checkbox"/> No <input type="checkbox"/> Give details overleaf	Yes <input type="checkbox"/> No <input type="checkbox"/> Give details overleaf
Has any driver in the last five years, been convicted of ANY motoring offence (other than parking), sustained a fixed penalty which has resulted in the driving licence being endorsed or have a prosecution or enquiry pending?	Yes <input type="checkbox"/> No <input type="checkbox"/> Show conviction code(s), date of conviction(s), fine(s) & suspension(s) overleaf	Yes <input type="checkbox"/> No <input type="checkbox"/> Show conviction code(s), date of conviction(s), fine(s) & suspension(s) overleaf	Yes <input type="checkbox"/> No <input type="checkbox"/> Show conviction code(s), date of conviction(s), fine(s) & suspension(s) overleaf

Tradex Insurance Company Limited Victory House, 7 Selsdon Way, London E14 9GL
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Has any driver in the last five years, received ANY police cautions, antisocial behaviour orders, been convicted of or charged with but not yet tried for ANY non-motoring offence or are any police enquiries pending whether in the United Kingdom or elsewhere?	Yes <input type="checkbox"/> No <input type="checkbox"/> Disclose all conviction(s) & offence(s) other than spent offences overleaf	Yes <input type="checkbox"/> No <input type="checkbox"/> Disclose all conviction(s) & offence(s) other than spent offences overleaf	Yes <input type="checkbox"/> No <input type="checkbox"/> Disclose all conviction(s) & offence(s) other than spent offences overleaf
Has any driver had any claims/accidents in the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/> Show full details including date(s) & cost(s) overleaf	Yes <input type="checkbox"/> No <input type="checkbox"/> Show full details including date(s) & cost(s) overleaf	Yes <input type="checkbox"/> No <input type="checkbox"/> Show full details including date(s) & cost(s) overleaf
Has any driver had a taxi, PHV or PSV licence / badge / permit revoked or been disciplined?	Yes <input type="checkbox"/> No <input type="checkbox"/> Give details overleaf	Yes <input type="checkbox"/> No <input type="checkbox"/> Give details overleaf	Yes <input type="checkbox"/> No <input type="checkbox"/> Give details overleaf
Contract work only	Yes <input type="checkbox"/> No <input type="checkbox"/> School <input type="checkbox"/> Health Authority <input type="checkbox"/> Local Authority <input type="checkbox"/> Other <input type="checkbox"/> _____	Yes <input type="checkbox"/> No <input type="checkbox"/> School <input type="checkbox"/> Health Authority <input type="checkbox"/> Local Authority <input type="checkbox"/> Other <input type="checkbox"/> _____	Yes <input type="checkbox"/> No <input type="checkbox"/> School <input type="checkbox"/> Health Authority <input type="checkbox"/> Local Authority <input type="checkbox"/> Other <input type="checkbox"/> _____

In the last 10 years has any partner or director of the business or driver to be insured;

- Had county court judgments issued against them in England and Wales and/or orders or judgments for debt in other jurisdictions, set up an Individual Voluntary Arrangement (IVA), been disqualified from acting as a company director for any period of time or been declared bankrupt or insolvent? Yes No
- Been a director of a company that has gone into liquidation, receivership, been the subject of an administration order, or which has been dissolved? Yes No

If YES, give full details including dates, individual, company and trading names

Does any driver have disabilities that require disclosure to the DVLA, DVA or holds a restricted licence? Yes No

Has any driver:

- Been refused insurance or renewal of a policy? Yes No
- Had a policy cancelled due to non payment of premium or for any other reason? Yes No
- Had a policy avoided? Yes No
- Been asked to agree special terms or premium? Yes No
- Had a claim repudiated or refused? Yes No

VEHICLE DETAILS

Registration No	Make	Model	cc	GVW	Year	Value £	No of seats

Modifications Immobiliser

How long vehicle owned Approx. annual mileage Cover: Comp/TPF&T/TPO

Where kept: Garage/Drive/Road

Is the vehicle: Owned Leased HP agreement Long term rental agreement

Is the vehicle fitted with a tracking and locating device? Yes No

Is the vehicle fitted with telematics or cameras? Yes No

Is the vehicle sign written? Yes No

If so do they require cover for the replacement of signwriting? Yes No

PREVIOUS INSURERS

Is proposer an existing client of yours? Yes No If yes, for how many years years

Bonus earned under *(name of insurers)* policy years Private CV Taxi Other

Is the policy still current? Yes No When lapsed

Existing premium if known £ Target premium £ None obtained

Renewal date/start date

ADDITIONAL INFORMATION

If there is insufficient space elsewhere in this form, use the space below

Please provide any information that you think is essential to the risk or reduces our exposure and should be given consideration in our rating