



## Vehicle Quotation Form

Please complete this form in full and return by email to [brokersupport@mobilers.co.uk](mailto:brokersupport@mobilers.co.uk)

DATE:

### BROKER DETAILS

Company Name:

Broker Address:

Contact Name:

Telephone No:

Email Address:

### CLIENT DETAILS

Name:

Address:

Postcode:

Home Tel No:

Mobile Tel No:

Email Address:

Home Owner:

Status:  
(Delete As  
Appropriate)

Sole Trader  
Partnership  
Ltd Company

Is Client Member Of Ice Cream Alliance Or Retail Concessions?

Yes/No

### VEHICLE DETAILS

Make:

Model:

Engine size:

Fuel type:

Year:

Year of purchase:

Registration No:

Gross Veh Weight:

Valid MOT:

Total Value:

Annual Mileage:

Security on Vehicle:

Out of Use Location:

Type:

(Delete As

Appropriate)

Ice Cream Van  
ICV With Heat  
Hot Food  
Mobile Shop  
Refrigerated  
Panel Van

Post Code:

Is vehicle rented/leased? Yes/No

### DRIVERS

Main User:

Are there any young drivers?

Driving Restriction:

Insured Only / Insured & Spouse / Named Drivers / Any Drivers Aged 25+

## DRIVER DETAILS

### Proposer 1

Name:	<input type="text"/>	DOB:	<input type="text"/>
Years Residing:	<input type="text"/>	Occupation:	<input type="text"/>
Licence Full/Prov:	<input type="text"/>	Years Driving:	<input type="text"/>
Full / P.T:	<input type="text"/>	Marital Status:	<input type="text"/>

\*Claims / Convictions / CCJ's / Med Conditions / Criminal Convictions / Refused Ins Yes/No

### Proposer 2

Name:	<input type="text"/>	DOB:	<input type="text"/>
Years Residing:	<input type="text"/>	Occupation:	<input type="text"/>
Licence Full/Prov:	<input type="text"/>	Years Driving:	<input type="text"/>
Full / P.T:	<input type="text"/>	Marital Status:	<input type="text"/>

\*Claims / Convictions / CCJ's / Med Conditions / Criminal Convictions / Refused Ins Yes/No

### Proposer 3

Name:	<input type="text"/>	DOB:	<input type="text"/>
Years Residing:	<input type="text"/>	Occupation:	<input type="text"/>
Licence Full/Prov:	<input type="text"/>	Years Driving:	<input type="text"/>
Full / P.T:	<input type="text"/>	Marital Status:	<input type="text"/>

\*Claims / Convictions / CCJ's / Med Conditions / Criminal Convictions / Refused Ins Yes/No

### Proposer 4

Name:	<input type="text"/>	DOB:	<input type="text"/>
Years Residing:	<input type="text"/>	Occupation:	<input type="text"/>
Licence Full/Prov:	<input type="text"/>	Years Driving:	<input type="text"/>
Full / P.T:	<input type="text"/>	Marital Status:	<input type="text"/>

\*Claims / Convictions / CCJ's / Med Conditions / Criminal Convictions / Refused Ins Yes/No

Cover:	Comp	<input type="checkbox"/>	TPF&T	<input type="checkbox"/>	TPO	<input type="checkbox"/>	
Ecess:	£100	<input type="checkbox"/>	£250	<input type="checkbox"/>	£500	<input type="checkbox"/>	£750 <input type="checkbox"/>
No Claims Bonus:	Nil	<input type="checkbox"/>	2	<input type="checkbox"/>	4	<input type="checkbox"/>	6+ Years <input type="checkbox"/>
	1	<input type="checkbox"/>	3	<input type="checkbox"/>	5	<input type="checkbox"/>	

Any NCB on a Private Car?	<input type="text"/>
Renewal date:	<input type="text"/>
Other quotes so far:	<input type="text"/>
Main driver if other Than proposer:	<input type="text"/>

If vehicles' GVW exceeds 3.5t has an operator's licence been applied for? Yes/No

**\*Please give additional information if you have answered YES to claims/convictions or DIS/CCJ's below:**

**Claims Information**

Date of incident:	Claim Details:	Fault / Non-Fault:	Cost:	Bonus Affected

**Convictions**

Conviction Date:	Details:	Code:	Fine:

**CCJ's / Bankruptcy etc.**

Date:	Details:	Now Cleared?

**Criminal Convictions**

Date of conviction:	Full details including any sentence:

**Medical Conditions**

Details:	Have DVLA been advised? If so any restrictions imposed?

**Refused Insurance**

Date:	Details:

Any additional information which may help rating?