

Zurich Private Clients motor insurance quotation



From	<input type="text"/>	Broker	<input type="text"/>
Tel no.	<input type="text"/>	Fax no.	<input type="text"/>
		E-mail	<input type="text"/>

Client details

Name(s) of client

Address

Postcode

Date of birth

Occupation

Nature of employers business

Length of client relationship

Do you hold this case? Yes or No

Do you hold any other insurances

Does Zurich hold any other business

Vehicle details

If there are more than 4 vehicles, please complete a second quotation form.

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Registration number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Make of vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Model	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Value	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engine Size (cc)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class of use (SDP, Class 1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is your vehicle right hand drive	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any modifications	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode where kept	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Where kept (garage, road)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Mileage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alarm/Immobiliser and type	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. yrs NCD (protected Yes/No)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driving restrictions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Main user	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Renewal date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Existing insurer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current excess	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Renewal premium	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

All vehicles will be quoted with Comprehensive cover, as per the policy wording, unless you specify otherwise in the additional information overleaf.

Driver details

Name	Date of birth	Occupation	Licence type	Date obtained	Convictions Yes or No (Please specify full details below*)	Claims Yes or No (Please specify full details below*)	Main user (vehicle)
1. You as on front page							
2.							
3.							
4.							
5.							
6.							

Any special terms imposed including declined to renew or cancelled?

*Conviction details within the last 5 years and claim details within the past 3 years (Please specify the driver number)

Any additional information