

# Family Fleet Quotation Sheet.

Name	Telephone	Date	Address	Postcode	No.	Vehicle(s) Make Model Type	cc or GVW	Year	Value	Registration	Annual Mileage	Drivers Eg 1,3 & 5	Garaged @ home	Cover Comp TPFT,TPO, Laid up	Use SDP SDP&C Class 1 Class 2/3	Security Cat 1/2 Tracking(specify)	No Claims In Years P for protected
					1												
					2												
					3												
					4												
					5												
					6												
					7												

## Drivers

No.	Name	D of B	Occupation	Licence Full/Prov	Held Years	Residency UK & Years	Regularly driven sports/ Performance cars?	Main User Vehicle No.	Vehicle Owner No.	Marital Status	Disabilities Include medication
1											
2											
3											
4											
5											

## Convictions

## Claims/Thefts

Driver No.	Date	Code	Fine	Points/ban	Date	Circumstances include costs	Terms Imposed?
1							
2							
3							
3							

## Comments

Renewal date Existing Premium/terms (we need a target premium) Is direct debit required Yes  No . Is legal protection required Yes  No

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