

COLIN HOLMES & ASSOCIATES

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CLASSIC CAR QUOTATION QUESTIONNAIRE

IMPORTANT NOTICE: We advise you to answer all questions accurately/to the best of your knowledge. Please note that as the answers you give here will be used to provide a quotation, you MUST disclose all material facts that are likely to affect the quotation.

PROPOSER DETAILS

- 1 Title
- 2 Forename(s)
- 3 Surname
- 4 Address
 - Street
 - Town
 - County
 - Postcode
- 5 Telephone Home
- 6 Fax Home
- 7 Telephone Work
- 8 Fax Work
- 9 E-mail address
- 10 Profession, occupation or trade (full-time)
- 11 Employer name and business address (full-time)
- 12 Nature of employer's business (full-time)
- 13 Profession, occupation or trade (part-time)
- 14 Employer and business address (part-time)
- 15 Nature of employer's business (part-time)
- 16 Have you ever held insurance before? **Yes / No**
 - If Yes, please state: Insurer
 - Policy Number
 - No claims bonus % OR years

DRIVER DETAILS

- 17 Give details of all persons likely to drive, including yourself

| Names | Date of Birth | Gender | Occupation (full- and part-time) | Type of licence held | Date passed UK Test | How long resident in UK |
|-----------------|---------------|--------|----------------------------------|----------------------|---------------------|-------------------------|
| Proposer | | M / F | ----- | | | |
| | | M / F | | | | |
| | | M / F | | | | |
| | | M / F | | | | |

- 18 Have you ever been declined for any risk, had a policy cancelled, or had any special terms imposed? **Yes / No**
If Yes, please give full details

ACCIDENTS/CLAIMS/LOSSES

- 19 In the past 3 years, has anyone who may drive been involved in any accident or loss (including fire & theft), either fault or non-fault? **Yes / No**
If Yes, please give full details below

| Name | Date | Full Description | Cost or extent of own damage | Cost or extent of TP damage | Were any persons injured? If so, give brief details |
|------|------|------------------|------------------------------|-----------------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

CONVICTIONS

20 Has anyone who may drive been convicted, charged (but not yet tried) or received notice of intended prosecution of any motoring or criminal offence? **Yes / No**

If Yes, please give full details below

| Name | Conviction Date | Offence | Code | Fine | Period of ban |
|-------------|------------------------|----------------|-------------|-------------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

DISABILITIES

21 Do you or any of the drivers suffer from any mental or physical infirmity? **Yes / No**

If Yes, please give full details:

Name

Date of onset

Details of disability

Medication details

VEHICLE DETAILS

Vehicle 1

22 Make, model and version

23 Body type

24 Engine size/Gross vehicle weight

25 Seating capacity

26 Year of make

27 Date of purchase

28 Price paid

29 Registration number

30 Estimate present value (including accessories)

31 Is this vehicle left-hand drive? **Yes / No**

32 Has the vehicle had any alterations to the standard engine, or the standard body, or does it have special or non-standard equipment, wheels or suspension? **Yes / No**

If Yes, please give full details

33 Are you the registered owner of the vehicle? **Yes / No**

If No, please give full details

34 Address at which the vehicle is kept

35 State whether the vehicle is garaged /parked: (i) in a locked garage; (ii) in the open or on proposer's own ground; (iii) on the public highway or elsewhere

36 Details of any security devices fitted to the vehicle

37 I declare that the current mileage reading is _____ and that the mileage will not exceed _____ miles during any 12 month period of insurance

Vehicle2

38 Make, model and version

39 Body type

40 Engine size/Gross vehicle weight

41 Seating capacity

42 Year of make

43 Date of purchase

44 Price paid

45 Registration number

46 Estimate present value (including accessories)

47 Is this vehicle left-hand drive? **Yes / No**

48 Has the vehicle had any alterations to the standard engine, or the standard body, or does it have special or non-standard equipment, wheels or suspension? **Yes / No**

If Yes, please give full details

- 49** Are you the registered owner of the vehicle? **Yes / No**
If No, please give full details
- 50** Address at which the vehicle is kept
- 51** State whether the vehicle is garaged /parked: (i) in a locked garage; (ii) in the open or on proposer's own ground; (iii) on the public highway or elsewhere
- 52** Details of any security devices fitted to the vehicle
- 53** I declare that the current mileage reading is _____ and that the mileage will not exceed _____ miles during any 12 month period of insurance

Vehicle3

- 54** Make, model and version
- 55** Body type
- 56** Engine size/Gross vehicle weight
- 57** Seating capacity
- 58** Year of make
- 59** Date of purchase
- 60** Price paid
- 61** Registration number
- 62** Estimate present value (including accessories)
- 63** Is this vehicle left-hand drive? **Yes / No**
- 64** Has the vehicle had any alterations to the standard engine, or the standard body, or does it have special or non-standard equipment, wheels or suspension? **Yes / No**
If Yes, please give full details
- 65** Are you the registered owner of the vehicle? **Yes / No**
If No, please give full details
- 66** Address at which the vehicle is kept
- 67** State whether the vehicle is garaged /parked: (i) in a locked garage; (ii) in the open or on proposer's own ground; (iii) on the public highway or elsewhere
- 68** Details of any security devices fitted to the vehicle
- 69** I declare that the current mileage reading is _____ and that the mileage will not exceed _____ miles during any 12 month period of insurance

Vehicle4

- 70** Make, model and version
- 71** Body type
- 72** Engine size/Gross vehicle weight
- 73** Seating capacity
- 74** Year of make
- 75** Date of purchase
- 76** Price paid
- 77** Registration number
- 78** Estimate present value (including accessories)
- 79** Is this vehicle left-hand drive? **Yes / No**
- 80** Has the vehicle had any alterations to the standard engine, or the standard body, or does it have special or non-standard equipment, wheels or suspension? **Yes / No**
If Yes, please give full details
- 81** Are you the registered owner of the vehicle? **Yes / No**
If No, please give full details
- 82** Address at which the vehicle is kept
- 83** State whether the vehicle is garaged /parked: (i) in a locked garage; (ii) in the open or on proposer's own ground; (iii) on the public highway or elsewhere
- 84** Details of any security devices fitted to the vehicle
- 85** I declare that the current mileage reading is _____ and that the mileage will not exceed _____ miles during any 12 month period of insurance

Vehicle5

- 86** Make, model and version
- 87** Body type
- 88** Engine size/Gross vehicle weight
- 89** Seating capacity

- 90 Year of make
- 91 Date of purchase
- 92 Price paid
- 93 Registration number
- 94 Estimate present value (including accessories)
- 95 Is this vehicle left-hand drive? **Yes / No**
- 96 Has the vehicle had any alterations to the standard engine, or the standard body, or does it have special or non-standard equipment, wheels or suspension? **Yes / No**
If Yes, please give full details
- 97 Are you the registered owner of the vehicle? **Yes / No**
If No, please give full details
- 98 Address at which the vehicle is kept
- 99 State whether the vehicle is garaged /parked: (i) in a locked garage; (ii) in the open or on proposer's own ground; (iii) on the public highway or elsewhere
- 100 Details of any security devices fitted to the vehicle
- 101 **I declare that the current mileage reading is _____ and that the mileage will not exceed _____ miles during any 12 month period of insurance**
- 102 Details of any other vehicles owned or used by you
- 103 Are you a member of an owners' club? **Yes / No**
If Yes, please state which one(s)

USE

What will the vehicle be used for? Answer each question and give additional information if necessary

- 104 Travelling between residence and permanent place of work by you? **Yes / No**
- 105 Travelling between residence and permanent place of work by other persons? **Yes / No**
- 106 Transport to and from various places of work by you or any named drivers? **Yes / No**
- 107 Any form of business use? **Yes / No**
- 108 Wedding hire? **Yes / No**
- 109 For film/TV production? **Yes / No**
- 110 For permanent display purposes? **Yes / No**

COVER

- 111 What cover do you require? **Comprehensive / Third Party Fire & Theft**
- 112 Insurance to commence at: (time) _____ **am / pm** on (date) _____
- 113 Notes/Additional Information