

Private / Public Hire Fleet Quotation Questionnaire

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YOU SHOULD DISCLOSE ALL INFORMATION RELEVANT TO THIS INSURANCE. FAILURE TO DO SO MAY INVALIDATE ANY QUOTE OR ANY FUTURE POLICY. QUOTATIONS WILL ONLY BE VALID WHEN ALL OF THE REQUIRED INFORMATION HAS BEEN PROVIDED.

Broker/Introducer	GILL INSURANCE		Your Contact	
Telephone		Fax		Email
Competitive Quote	£	Insurer		Cover Date
Is the policy 'Fleet' rated			YES / NO (delete as applicable)	
Terms e.g. excess, policy period, cover, NCD etc.				

CLIENT INFORMATION

Proprietor		Trading Name	
Address		Postcode	
Telephone		Fax	Email
Base office address (if differs from above)		Postcode	
Please advise how long you have been in business (please state answer in years)			
Who is the controlling Licensing Authority			

VEHICLE DETAILS

Approximately what percentage of your fleet vehicles are:			
Under 5 years old?	%	Over 5 years old?	%
Have you significantly altered your vehicle profile in the last 3 years and/or have plans to do so in the near future?			YES / NO (delete as applicable)
(If Yes, please give details)			
How do you organise vehicle maintenance (How often is it carried out and by whom?)			
How often do you report vehicle defects?			
At what interval do you replace your vehicles?			
When not in use, are all your vehicles kept in a locked garage or in a compound surrounded by a secure perimeter wall or fence?			YES / NO (delete as applicable)
(If No, please give details)			
Are all your vehicles UK registered?			YES / NO (delete as applicable)
(If No, Please specify)			
Do you fit security devices, other than Manufacturer's standard systems?	YES / NO (delete as applicable)	Security etched windows (no of vehicles fitted)	
Thatcham-approved alarms / immobilisers (No. of vehicles fitted)		Non Thatcham-approved alarms / immobilisers (No. of vehicles fitted)	
Remote tracking devices (No. of vehicles fitted)		Black Box type records (no of vehicles fitted)	
Please indicate which systems you install			
If any alarms / immobilisers fitted, how many were installed by a VSIB-approved installer?			

OPERATIONS

Do you operate any dedicated airport / airline or hotel car service?	YES / NO (delete as applicable)
(If Yes, do you operate a dedicated office or telephone line, please provide details)	
Do your vehicles operate overseas	YES / NO (delete as applicable)
(If Yes, how often are your vehicles used overseas and for what duration?)	
Are any of your vehicles used for carriage of goods for hire and reward, (e.g. parcel delivery or courier work)?	YES / NO (delete as applicable)
(If Yes, please give details including vehicle type and nature of operations)	
Do you keep records of individual private hires?	YES / NO (delete as applicable)
If Yes, for how long do you keep them and what details do you record?	
Are any of your vehicles used solely for Wedding hire or conveyance of passengers to and from hospital?	YES / NO (delete as applicable)
(If Yes, please give details)	
Do you have any contracts or features of your operation which entail the regular carriage of US or Canadian citizens or professional sports persons?	YES / NO (delete as applicable)
(If Yes, please provide full details)	

DRIVER DETAILS

Please indicate the level of turnover of driving staff during the past 12 months (in %)		
Do you use temporary, casual or part-time drivers?		YES / NO (delete as applicable)
(If Yes, please give details including number of part-time and full-time drivers)		
For all drivers, do you keep a copy of their driving licence?	YES / NO (delete as applicable)	Ask for further identification to include a photograph
Do you check their claims / conviction history?	YES / NO (delete as applicable)	Check their previous employment history?
Request and follow up on references?	YES / NO (delete as applicable)	How often do you check driving licences? (Please state in years)
Do you allow non-employees to drive your vehicles?		
Do you keep a copy of their driving licence?	YES / NO (delete as applicable)	Do you check their claims / conviction history?
Do you restrict who may drive high performance or high value cars?		YES / NO (delete as applicable)
(If Yes, what restrictions apply?)		
Do you supply your drivers with:		
Details of what do in an accident?	YES / NO (delete as applicable)	An accident report form to complete
Do you or a local manager interview the driver following an incident?		YES / NO (delete as applicable)
If Yes to any of the above please provide details and any copies or examples)		

Do you operate a penalty incentive scheme to encourage accident-free driving?		YES / NO (delete as applicable)	
(If Yes, please provide details, e.g. how long has this been in operation)			
Are you currently involved in any driver training programmes?		YES / NO (delete as applicable)	
Please provide details (e.g. defensive driver training for chauffeurs)		Which driver training program do you use?	
How many drivers have undertaken training during the last 12 months?		How many drivers have undertaken training during the last 24 months?	

ACCIDENT HISTORY (This section should only be completed if you are not submitting an authenticated claims experience from the last fleet Insurer).

Details of all incidents in the last 3 years are required, whether or not the driver at the time is still to drive.

Driver's name	Accident date	Brief circumstances, including details of any resulting convictions	Settled / Pending (delete as applicable)	Total cost / estimated cost
			Settled / Pending	
			Settled / Pending	
			Settled / Pending	
			Settled / Pending	
			Settled / Pending	

Please use an additional sheet if necessary

MOTURING CONVICTIONS HISTORY

Please disclose convictions for all named drivers whereby the conviction / sentencing date is within the last 5 years

Driver's name	Conviction code	Date of offence	Date of conviction	Points	Fine	Ban period

Please use an additional sheet if necessary

MEDICAL CONDITIONS / DISABILITIES

All proposed drivers

Driver's name	Condition	Medication	DVLA notified (delete as applicable)	Driving licence restrictions
			YES / NO	
			YES / NO	
			YES / NO	
			YES / NO	

Please use an additional sheet if necessary

CRIMINAL CONVICTIONS

All proposed drivers

Driver's name	Conviction code	Offence date	Conviction date	Sentencing details

Please use an additional sheet if necessary

