

Company	Name/Address
Contact Name	
Phone Number	
Email	

Holding Broker? Yes / No

Proposer

Full Name	
Address	
Postcode	
Renewal date	

Risk Information

Renewal Premium -	£
Last Years Premium (No. of vehicles) -	£
Current Fleet Insurer	
Occupation	Years in Business
Corporate Changes (Details of any major changes to insured's name, operational activities, acquisitions, disposals or reorganisations within the insured during the last 5 years)	
Security Measures where vehicles kept (e.g. CCTV)	

Has the vehicle profile significantly altered during the last 5 years?

- No
- Yes (please give details below)

Details of any director owned, director family members or employee vehicles currently on the schedule:

Are all the vehicles UK registered?

- No (please give details below)
- Yes

Detail the nature of goods carried:

Foreign travel required?

- No
- Yes (please give details below)

(Which countries and how often on business)

Does insured operate any vehicles on airfields, airports, aerodromes, or heliports or any hazardous sites?

- No
- Yes (please supply full details below)

Do you have 3 years Fleet Claims Experience? (If you can provide 5 years then this may be an advantage)

- No
- Yes

Has the client had any Windscreen claims within the claims experience?

- No
- Yes (please advise how many)

2013-2014	2014-2015	2015-2016

Does the claims experience contain any claims of significance or over £10,000?

- No
- Yes (please provide details in the box below)

Has any vehicle been insured under an NCD basis, please complete details below, supplying current NCD levels & any relevant claims history for these periods.

Year	2014 - 2015	2015 - 2016	2016 - 2017
Avg. No of Vehicles			
No of Claims			
Total Claims Cost			

Risk Management Details:

Does the insured have an appointed Fleet Manager/Controller?

- No
- Yes (please supply full details below)

How often does the insured check drivers driving licences?

If the insured uses an agency, casual or temporary drivers, do they check their driving licences first?

- No
- Yes
- Do not Use Agency/Casual/Temporary Drivers

Does the insured issue their drivers with a company handbook?

- No
- Yes (please provide a copy)

Does the insured have a driver training or assessment procedure?

- No
- Yes (please give details below of the training and when or how often it is carried out and by which supplier)

How many drivers have undergone training in the last 12 months?

For all new drivers' prior to employment does the insured issue them with:

(a) Instructions for reporting an accident?

- No
- Yes

(b) An accident report form to complete at the scene?

- No
- Yes

(c) Are post accident driver interviews carried out?

- No
- Yes

If yes, please give details of when and by whom?

Do you operate any driver incentives or penalties to promote safe driving (bonuses, driver excesses etc.)?

- No
- Yes (please give details below)

Any other relevant information (i.e. Cover Changes/Increased Excesses/Young Driver Information, Conviction Information, Employment/Driving status of drivers with multiple incidents etc.):

Motor Fleet Presentation Form

Make & Exact Model	Vehicle Reg. No	CC/GVW	Value	Year Registered	Company Owned	Cover	Excess	Business Use Type	NCD Years	Security

Trailer Details: