



Car and Van Insurance

Contact Details

Complete your details in the form and mail it to the address below. We will contact you as soon as possible.

Contact Name:	<input type="text"/>
Sex:	<input type="text"/>
Phone Number:	<input type="text"/>
Mobile Number:	<input type="text"/>
Fax Number:	<input type="text"/>
Email Address:	<input type="text"/>
Address:	<input type="text"/>
Postcode:	<input type="text"/>
Birth Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Occupation:	<input type="text"/>

Motor Details:

Make:	<input type="text"/>
Model (GL, Xantia, 275, etc):	<input type="text"/>
Model Type (TR, Ghia, L etc)	<input type="text"/>
Engine size/cc:	<input type="text"/>
Fuel Type	<input type="text"/>
Registration No:	<input type="text"/>

Year of Manufacture:

*Please tick one that applies.

Standard

Modified

If modified please give details:

Security (E.g. Immobiliser, steering lock)

Value: £

Parking Location:

Drivers:(Check as appropriate)

Insured Only

Insured and spouse

Insured and named drivers

Any driver over 25

Any driver over 30

Details of additional drivers:

NAMES	DATE OF BIRTH	OCCUPATION	DATE TEST PASSED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you or any person who may drive:

YES NO

In the last 5 years had any motoring convictions or have any pending, or even been suspended from driving? YES NO

In the last 5 years had any accidents of losses, - Fire/Theft, etc? YES NO

Have any physical infirmity, disability, heart complaint, etc? YES NO

If yes, please supply details:

Quotations Required (Check as appropriate)

Comprehensive:	<input type="checkbox"/>
Third Party, Fire & Theft:	<input type="checkbox"/>
Third Party only:	<input type="checkbox"/>

This vehicle is used for:

Travel to work:	<input type="checkbox"/>
Social, domestic and pleasure only:	<input type="checkbox"/>
Business (by self only):	<input type="checkbox"/>
Business (by others):	<input type="checkbox"/>

No. of years No Claims Discount:

Do you wish to protect your No Claims Discount?

Who is your current Insurer?

When is your motor insurance renewal date?

Are there any other material facts which may affect this quotation? If yes, please supply details:

Additional Comments:

STUART & CO, STUART HOUSE, 15 RAMSAY COURT,
HINCHINGBROOKE BUSINESS PARK, HUNTINGDON, CAMBS, PE29
6FY

TEL +44 01480 433443 FAX +44 01480 431060 Email : sales@stuartandco.co.uk
