

COMMERCIAL MOTOR QUOTATION CHECK LIST

Broker: Contact Name:
 Phone: Fax: Client Name:
 Current Insurer: Expiry Date:

Details of items to be insured – Attach details or list below.

Vehicle (Year, Make, Model and Body Type)	Reg No.	Carrying Capacity	Goods Carried	NCB%	Sum Insured

Major Contracts / Nature of Goods (indicating approx. % of revenue)

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What % of freight is:

Next day delivery % Time sensitive % Overnight express freight%

Are any dangerous or hazardous goods carried and if so what class and how often?

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Area and maximum radius of operation from base

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Are any vehicles hired out?

YES / NO

Are any vehicles operated more than 10 hours per day?

YES / NO

Are any drivers under 25 years of age or been driving this class of vehicle for less than 2 years?

YES / NO

Has any driver been convicted in the last 5 years of any of the following:

- a) Any offence involving suspension, cancellation or endorsement of a motor vehicle driving licence
- b) Any alcohol related offence, drug offence or criminal offence
- c) Any log book offences

YES / NO

YES / NO

YES / NO

Has any insurance been cancelled, renewal refused or special conditions imposed?

YES / NO

If yes to any of the above questions please supply details:

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What driver education is provided?.....

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Claims History - Please provide 5 years or if only less than 5 available advise why (attach details or list below)

Date	Accident Description	Cost Incurred

Any additional comments?

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Completed by:

Name:

Signature:

Date: