

AGRISURE FARM MOTOR INSURANCE QUOTATION FORM



Broker Name	<input type="text"/>	Telephone No	<input type="text"/>
Contact Name	<input type="text"/>	Email Address	<input type="text"/>
Holding Broker	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Present Insurer	<input type="text"/>	Renewal Date	<input type="text"/>
Target Premium	£ <input type="text"/> (This Year)	Previous Premium	£ <input type="text"/> (Last Year)

POLICYHOLDER DETAILS

Clients Name / Full Name and Dates of Birth for all Partners:	<input type="text"/>
Correspondence Address:	<input type="text"/>
Risk Address (If different from above):	<input type="text"/>
Business Description (FULL Details):	<input type="text"/> <i>Please provide full details of the type of Farm</i>
Non-Farming Activity (Including any Farming Diversification):	<input type="text"/> <i>Please continue on a separate sheet if required</i>
Date Business Established	<input type="text"/> Year Farm Experience Started <input type="text"/>
New Venture	Yes <input type="checkbox"/> No <input type="checkbox"/> Reason for Quote: <input type="text"/>

VEHICLE SCHEDULE

AGRICULTURAL, FORESTRY VEHICLES

Make & Type of Vehicle and Body	Year of Make	Estimated Value	Cover	Registration Number	Voluntary Excess (£100 or £250 only)

Agricultural Trailers, excluding any Horsebox, Caravan or Fuel Trailer cover includes Unlimited Sum Insured for Trailers whilst attached or detached. Cover also includes whilst attached to or detached from a Private Car or Commercial Vehicle.

Are the vehicles or trailers use for:

Tree Felling?

Yes ☐ No ☐

Tree Haulage other than on your business?

Yes ☐ No ☐

Contracting Purposes?

Yes ☐ No ☐

If Yes, to any of the above, please specify percentage of Annual Turnover

_____ %

GOODS CARRYING VEHICLES AND TRAILERS *Please indicate if any vehicles are left hand drive*

Make & Type Vehicle	Year of Make	GVW	Estimated Value	Cover	Registration Number	Goods Carried for Hire & Reward	Voluntary Excess

PRIVATE CARS *Please indicate if any vehicles are left hand drive*

Make & Type Vehicle	Year of Make	Petrol / Diesel	Cubic Capacity	Estimated Value	Cover	Registration Number	Annual Mileage

Do you require a Driving Restriction? Standard Cover is Any Driver Over 25 Yes ☐ No ☐

Cover Provided is Social, Domestic and Pleasure purposes in connection with your business as detailed above

DRIVERS

Title	First Name	Surname	Occupation (incl Part Time)	Self Employed	Date of Birth	Type of Licence	Date Passed Test
				Yes <input type="checkbox"/> No <input type="checkbox"/>			
				Yes <input type="checkbox"/> No <input type="checkbox"/>			
				Yes <input type="checkbox"/> No <input type="checkbox"/>			
				Yes <input type="checkbox"/> No <input type="checkbox"/>			

GENERAL QUESTIONS

Year Business Established? _____

Any Additional Business Use? Yes ☐ No ☐ If Yes _____

Are any Hazardous Goods Carried? Yes ☐ No ☐ If Yes _____

Any Diversification? Yes ☐ No ☐ If Yes _____

Kept at Risk Address? Yes ☐ No ☐

Any Additional Risk Addresses? Yes ☐ No ☐ If Yes _____

Any Imported Vehicles? Yes ☐ No ☐

Any Modifications? Yes ☐ No ☐ If Yes _____

Any Additional Non-Standard Security? Yes ☐ No ☐ If Yes _____

Are all Owned by the Business? Yes ☐ No ☐ If No _____

Do you Own or Lease any Motor Vehicles other than those declared? Yes ☐ No ☐ If Yes _____

Have you or any person who may drive the vehicle had:

- (1) Any Physical or Mental defect, impairment of sight, hearing, heart diabetic or epileptic condition of any other complaint?
- (2) Any motoring convictions, disqualifications, fixed penalties in the last 5 years?
- (3) Any Criminal Convictions?
- (4) Any County Court Judgement?
- (5) Any Bankruptcy?
- (6) Any Liquidation?
- (7) Been refused insurance or had any policy cancelled or ever had special terms imposed?
- (8) Had any accidents, claims or losses during the last 5 years regardless of who was at fault?

If you have answered Yes to any of the above, please provide details below:

ADDITIONAL INFORMATION