

CALEB ROBERTS SCHEMES AGRICULTURAL VEHICLE INSURANCE

BROKERSTAMP

Contact

Telephone No

Email

Are you the Holding Broker? Yes No

Renewal Date

Premium £ (This Year) Premium £ (Last Year)

Present Insurer

Premium £ (This Year)

POLICYHOLDER DETAILS

Clients Name/Title

Correspondence Address:

Risk Address:
(If different from above):

Occupation:
(including part time):

Nature of Business:

New Venture: Yes No Reason for Quote:

VEHICLE SCHEDULE

AGRICULTURAL, FORESTRY VEHICLES

Make & Type of Vehicle & Body	Year of Make	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 USED FOR:

TREE FELLING?	YES / NO
TREE HAULAGE OTHER THAN ON YOUR BUSINESS?	YES / NO
CONTRACTING PURPOSES?	YES / NO
IF YES SPECIFY PERCENTAGE OF ANNUAL TURNOVER	%

GOODS CARRYING VEHICLES & TRAILERS

Make & Type of Vehicle (Please indicate if left hand drive).	Year of Make	Registration number	GVW	Voluntary Excess Amount	Estimated Value	Are goods carried for hire or reward	Number of years NBC	Cover

PRIVATE CARS

Make & Model (Please indicate if left hand drive)	Year of Make	Registration number	Petrol/Diesel	Cubic Capacity	Estimated Value	Cover	Number of years NCB	NCB Protection	Annual Mileage

DO YOU REQUIRE A DRIVING RESTRICTION, STANDARD COVER IS ANY DRIVER OVER 25? YES / NO

COVER PROVIDED IS SOCIAL DOMESTIC & PLEASURE PURPOSES AND IN CONNECTION WITH YOUR BUSINESS AS DETAILED ABOVE.

DRIVERS

Title	Initial	Surname	Occupation (Inc Part time)	Self Employed Yes/No	DOB	Type Of Licence	Date Passed Test
Proposer							

GENERAL QUESTIONS

- YEAR BUSINESS ESTABLISHED?
- ANY ADDITIONAL BUSINESS USE?
- ARE ANY HAZARDOUS GOODS CARRIED?
- ANY DIVERSIFICATION?
- KEPT AT RISK ADDRESS?
- ANY ADDITIONAL RISK ADDRESS?
- ANY IMPORTED VEHICLES?
- ANY MODIFICATIONS?
- ANY ADDITIONAL NON-STANDARD SECURITY?
- ARE ALL VEHICLES OWNED?
- DO YOU OWN OR LEASE ANY MOTOR VEHICLES OTHER THAN THOSE DECLARED?

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 OR PROSECUTIONS PENDING?
- 3) ANY CRIMINAL CONVICTIONS?
- 4) ANY COUNTY COURT JUDGEMENT?
- 5) ANY BANKCRUPTCY?
- 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