

**ADJUSTMENT PREMIUM QUOTATION**

DATE: \_\_\_\_\_ BROKER: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ OUR REF/POST CODE: \_\_\_\_\_

TIME AND DATE OF COVER: \_\_\_\_\_

**SOV / TEMPORARY ADDITIONAL VEHICLE (NUMBER OF DAYS \_\_\_\_\_ )**

Vehicle Registration	
Make and Model	
Specification (ie TDI)	
Saloon/Hatch	
No of Seats	
Year	
CC	
Modified	
Value	
GVW (except taxi)	
Owner of vehicle	

**ADDITIONAL DRIVER / DELETE DRIVER /  
TEMPORARY ADDITIONAL DRIVER (NUMBER OF DAYS \_\_\_\_\_ )**

Add Driver: \_\_\_\_\_ Delete Driver: \_\_\_\_\_

Name			
DOB			
Occupation (full/part time)			
Years Held UK Licence			
Years Held Taxi Badge			
Years UK Residency			
Convictions			
Accidents			
Disabilities			

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**Please fax completed form to 0845 271 1836**