



Farmcare Motor Contract Quotation Request

Enquiring Broker

A Proposer

Surname or company name					
Mr/Mrs/Miss/Ms	Forenames				
Postal address					
Town	County	Post code			

Location of vehicles (if different from above)					
Town	County	Post code			
Occupation including part-time				Telephone no.	
Employers business				Are you self-employed?	
How many years have you been conducting this trade or business in this name?		How many years experience do you have in this type of business?		Are you Vat Registered?	

Current Insurer		Target Premium	
Policy Renewal Date		Expiry Premium	
Quotation Deadline		Renewal Premium	
NCB/ Fleet Rated	Delete as appropriate	NCB/FLEET	

C Vehicles to be insured

Private Car

Make	Full Model Description	Type of body	Cylinder capacity	Estimated value	Year of make	Cover	Registration number	No claims bonus years *	Main User

* If you would like No Claims Bonus Protection to apply please indicate with a 'P' alongside Bonus Years above

Commercial Vehicles

Full Make and Model Description	Type of body & no of seats	Gross plated weight	Maker's carrying capacity	Estimated value	Year of make	Cover	Registration number	No claims bonus years *	Main User

* If you would like No Claims Bonus Protection to apply please indicate with a 'P' alongside Bonus Years above

Agricultural and Forestry Vehicles

Make/Description	Estimated value	Cover	Year of make	Registration number or Serial Number

Trailers and Implements

The policy will cover automatically any trailer used for agricultural purposes with a market value of £100,000 or less while it is attached to or detached from any vehicle covered under this Policy. (other than any caravan, trailer tents, fuel bowsers > 3000l and/or valued > £7500 and passenger carrying trailers)
Please specify below any other trailers that you wish to insure.

Make/Type	Identification number or mark	Estimated value	Year of make	Cover

D Drivers

Give details of all persons who are likely to drive (include accompanying persons if provisional licence held)					
Full Name (Inc Title)	Date of birth	Occupation (including part-time)	Type of licence held*	Date UK test passed	Reg no of vehicle usually driven

E Accidents, losses or claims

Have you or any person who may drive: Had any accident, loss or claim (whether or not to blame) in connection with **any** motor vehicle within the last 3 years?

If "Yes", give details below of all accidents or losses or other claim

Date	Driver	Full Circumstances (please use extra sheet if required)	Registration number of vehicle	Costs	
				Your vehicle	Third party

F Convictions

Have you or any person who may drive:

Ever been convicted of any motoring offence within the last 5 years (including fixed penalty notices)?

Been disqualified from driving or had a licence suspended or revoked within the last 10 years?

Have any prosecutions or fixed penalty notices pending?

If "Yes", give details below of all convictions or prosecutions pending

Date of conviction	Driver	Conviction code/ Number of Points	Full circumstances	Registration number of Vehicle	Fine	Sentence/ban

G Medical record

Have you or any person who may drive: suffered or currently suffer from a medical condition or disability that may affect their driving which:-

a) is notifiable to the Driver and Vehicle Licensing Agency (DVLA)

b) has been notified to the DVLA and the DVLA as a result have not permitted nor granted a licence to drive?

If "Yes", give details below of medical condition

Driver	Date first diagnosed	Condition	Medication	DVLA advised?	Restrictions on licence

H Excess

If the cover you have selected is Comprehensive you may be able to reduce your premium by agreeing to pay the first part of any claim for Accidental Damage, Fire and Theft. Please indicate below if you wish to do this.

Please note that any excess that you select will be in addition to any other compulsory excess which might apply.

You may also obtain a discount if you are prepared to accept the driving of Private Cars to be limited to named persons. Please indicate below any vehicle you wish this to apply.

Vehicle to which driving restriction is to apply	Persons to whom driving is to be restricted

Please answer the following questions which will form part of your statement of fact:

I Legal information

Has any insurer cancelled your insurance or refused to offer renewal terms?

Yes/no

Have you or any of your directors, officers or business partners ever been:

Convicted of or charged (but not yet tried) with any criminal offence (other than motoring offences)?

Yes/no

Declared bankrupt or insolvent or has any business in which you were director or involved in management gone insolvent or into liquidation, administration receivership or entered into an arrangement with creditors?

Yes/no

Prosecuted under the Health and Safety at Work Act or other legislation relating to health and safety at work or corporate manslaughter?

Yes/no

J Locations

Is any vehicle used in connection with your occupation outside of the United Kingdom?

Yes/no

Do or will you or any of your employees work at the following locations:

Power stations or nuclear installations?

Yes/no

Refineries, Bulk Storage or production premises, in the oil, gas or chemical industries?

Yes/no

Airside at airports or in proximity to aircraft?

Yes/no

Designated railway zones?

Yes/no

Ministry of defence premises and/or military bases?

Yes/no

K Use

Will any vehicle be used for any purpose other than social, domestic, pleasure or use in connection with your declared occupations?

Yes/no

Will any goods carrying vehicle be used for journeys in excess of a 100 mile radius of base?

Yes/no

Will any goods carrying vehicle be used for carriage of goods for hire and/or reward?

Yes/no

Will any agricultural vehicle be used for Tree Felling or Haulage?

Yes/no

Will any agricultural vehicle be used for agricultural Contracting?

Yes/no

If yes please state the percentage (%) amount of contracting in relation to the total farm turnover:

Will any special type vehicle be used as a tool of trade (other than for normal agricultural purposes)?

Yes/no

Will any vehicle carry hazardous or dangerous goods?

Yes/no

L Additional Information

Have you or any person who may drive been living outside the UK in the last 3 years?

Yes/no

Have any vehicles been changed in any way from the manufacturer's original specification?

Yes/no

Was any vehicle originally registered in a country other than the UK?

Yes/no

Are there any vehicles not owned by you, or any of your directors, officers or business partners?

Yes/no

Are there any vehicles not registered to you, or any of your directors, officers or business partners?

Yes/no

IF ANY ANSWER TO THE ABOVE QUESTIONS IS YES PLEASE GIVE FULL DETAILS BELOW

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