**MULTI VEHICLE ENQUIRY FORM**

Please complete this form fully to enable us to provide you with a quote.

**POLICY HOLDER**

|  |  |
| --- | --- |
| First Name |  |
| Surname |  |
| Full Address |  |
| Postcode |  |
| Contact number |  |
| E-mail address |  |
| Renewal Date |  |
| Renewal Premium |  |
| Team or Company |  |
| Annual or Short Term *(if short term, please give dates of cover)* |  |

**DRIVERS** *(if more than four drivers, please just complete a second form for this section only)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Driver 1 / Proposer** | **Driver 2** | **Driver 3** | **Driver 4** |
| Full Name |  |  |  |  |
| Date of Birth |  |  |  |  |
| Gender |  |  |  |  |
| Occupation |  |  |  |  |
| Nature of business |  |  |  |  |
| Type of Licenceheld *UK Full / UK Provisional / EU* |  |  |  |  |
| Date test passed |  |  |  |  |
| License Number *(if known – can supply later)* |  |  |  |  |
| [DVLA Check Code](https://www.gov.uk/view-driving-licence) *(if known - can supply later)* |  |  |  |  |
| Marital status |  |  |  |  |
| UK residency |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Claims in the last 5 years *(Full details,) include**any non -fault incidents* |  |  |  |  |
| Licence Endorsements in last 5 years –code ,date, fine |  |  |  |  |
| Has this driver been convicted of a criminaloffence in the last 5 years |  |  |  |  |
| Any physical or mental infirmity that requiresdeclaration to the DVLA |  |  |  |  |
| Have you ever been personally or as a director or partner in any business that has been the subject of bankruptcy, administration, county court judgement voluntary arrangement or other financialrestrictions? |  |  |  |  |
| Has any driver ever been refused insurance or hadconditions applied? |  |  |  |  |
| Experience of driving in a peloton / cycle race environment - *please include**examples* |  |  |  |  |
| Full details of any driving courses attendedincluding dates |  |  |  |  |
| Does this driver have access to any other vehicle? *If so, please provide a brief description.*  |  |  |  |  |

**VEHICLES** *(if more than four vehicles, please just complete a second form for this section only)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Vehicle 1** | **Vehicle 2** | **Vehicle 3** | **Vehicle 4** |
| Type of vehicle *(Private, Race Following, Support Vehicle, Camper) etc* |  |  |  |  |
| 1. Comprehensive
2. Third Party Fire & Theft
3. Third Party Only
 |  |  |  |  |
| If a race following vehicle, what type of races does the car participatein / follow? |  |  |  |  |
| Usage:1. *SD&P*
2. *SD&P inc commuting*
3. *SD&P including business and commuting*
 |  |  |  |  |
| Permitted drivers |  |  |  |  |
| Main user of the vehicle |  |  |  |  |
| Annual Mileage |  |  |  |  |
| Make |  |  |  |  |
| Full Model details |  |  |  |  |
| Registration number |  |  |  |  |
| Modifications *(please specify all for all vehicles except log booked competition vehicles)* |  |  |  |  |
| Year of Make |  |  |  |  |
| Engine Size / BHP |  |  |  |  |
| Auto/Manual |  |  |  |  |
| Vehicle Value |  |  |  |  |
| Agreed or market value |  |  |  |  |
| Date of Purchase |  |  |  |  |
| Diesel/Petrol Turbo/non turbo |  |  |  |  |
| No Claims Bonus to transfer *(please specify no. of yrs)* |  |  |  |  |
| No Claims Bonus on another vehicle in your name *(specify**no of yrs)* |  |  |  |  |
| Storage Address including postcode |  |  |  |  |
| Garaged / Drive / Public Road etc |  |  |  |  |
| Daytime Location*(work car park/home etc)* |  |  |  |  |
| Secondary Storage Address (*if applicable, including**postcode with parking details)* |  |  |  |  |
| Tracker System / Alarm / Immobiliser |  |  |  |  |
| UK or EU usage |  |  |  |  |

**EXTENSIONS TO COVER**

|  |  |
| --- | --- |
| Trailer – *Make, Model, Value, Additional security* |  |
| Cycle Roof Rack - *Make, Model, Value, Additional security*  |  |

It is important that you ensure that all statements you make on the proposal form / statement of fact; claim form and other documents are complete and accurate to the best of your knowledge and belief. Failure to disclose any material information or change of circumstances to your insurers could invalidate your insurance cover and could mean that part or all of a claim may not be paid. If you are in any doubt as to the relevance of any information you should disclose it.

|  |  |
| --- | --- |
| YES / NO | I understand I will need to provide license numbers and DVLA check code for each driver, as well as photos of each vehicle within 30 days of inception. |
| YES/ NO | I agree that this information is only to be used for the purposes of sending me a quotation only. |
| YES / NO | I would like to receive Yellow Jersey’s newsletter. |
| YES / NO | I would like to hear more about Yellow Jersey’s affiliate programme. |