|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Send completed form to your Hiscox underwriter. If you are unsure where to send, contact details can be found at** [**www.hiscox.co.uk/broker/contact**](http://www.hiscox.co.uk/broker/contact) | | | | | |
|  |  |  |  |  | |
| **Broker Details** | Broker |  | | | |
|  |  |  |  |  | |
|  | Broker contact details |  | | | |
|  |  |  |  |  | |
| **Client Details** | Insured name |  | | | |
|  |  |  |  |  | |
|  | Occupation |  | | | |
|  |  |  | | | |
|  | Joint insured name |  | | | |
|  |  |  | | | |
|  | Joint insured occupation |  | | | |
|  |  |  |  |  | |
|  | DOB | /  / | Joint insured DOB | /  / | |
|  |  |  |  |  | |
|  | Address |  | | | |
|  |  |  |  |  | |
|  | Postcode |  | Existing insurer |  | |
|  |  |  |  |  | |
|  | Renewal date | /  / | Target premium | £ | |
|  |  |  |  |  | |
| **Declarations** | Has any person to be covered by this insurance ever  been convicted with any offence (other than motoring convictions and/or spent convictions)? If yes, specify in additional information. | | | | Yes  No |
|  | Has any person to be covered by this insurance ever  had insurance cancelled, refused or declined? If yes, specify in additional information. | | | | Yes  No |
|  | Has any person to be covered by this insurance ever  been the subject of any bankruptcy proceedings, debt relief order, individual voluntary arrangement (IVA) or County Court Judgment (CCJ)? If yes, specify in additional information. | | | | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Vehicle Details** | We use Car Data Check – please provide the vehicle registration numbers where possible. | | |
|  |  | | |
|  | **Vehicle 1** | **Vehicle 2** | **Vehicle 3** |
| Registration number |  |  |  |
| Manufacturer,  model and year of manufacture |  |  |  |
| Engine size |  |  |  |
| Body type (saloon, SUV, coupé etc.) |  |  |  |
| Date of purchase | /  / | /  / | /  / |
| Purchase value | £ | £ | £ |
| Current vehicle value | £ | £ | £ |
| Has the car been modified, restored or currently undergoing restoration? | Yes  No  Details: | Yes  No  Details: | Yes  No  Details: |
| Do you require extended value cover for classic vehicles? | Yes  No | Yes  No | Yes  No |
| Security (specify tracker type) |  |  |  |
| Overnight parking type (drive, garage etc.) |  |  |  |
| Postcode for overnight location |  |  |  |
| Class of use (business, leisure, etc.) |  |  |  |
| Is the car used by any 3rd party or hire at all? | Yes  No | Yes  No | Yes  No |
| Total vehicle mileage |  |  |  |
| Current annual mileage |  |  |  |
| Specify drivers from the table below |  |  |  |
| Specify main user from the table below |  |  |  |
| Is the insured the registered keeper? | Yes  No | Yes  No | Yes  No |
|  |  |  |  |
|  |  |  |  |
| **Driver Details** | **Driver 1** | **Driver 2** | **Driver 3** |
| Name |  |  |  |
| DOB | /  / | /  / | /  / |
| Licence held since | /  / | /  / | /  / |
| Occupation/business |  |  |  |
| Relation to insured |  |  |  |
| Do they reside at the policy risk address? | Yes  No | Yes  No | Yes  No |
| Please provide details of any performance car driving experience |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Claims/convictions** | Please provide details of any loss, whether claimed or not, or any convictions during the last five years for all drivers. | | |
| **Date of loss** | **Total value of claim** | **Claim cause, details and driver associated** | |
| /  / | £ |  | |
| /  / | £ |  | |
| /  / | £ |  | |
| **Date of conviction** | **Conviction code** | **Penalty points / fine / disqualification, and driver associated** | |
| /  / |  |  | |
| /  / |  |  | |
| /  / |  |  | |

|  |  |
| --- | --- |
| **Any additional information** | Please provide any further information you think necessary e.g. security and parking arrangements for all vehicles. |
|  | |