



ALP Insurance Scheme – Motor Insurance Quotation Form

Policyholder/Company Name _____

Company Address _____

Postcode _____ Previous / Current Insurer _____

Renewal Price _____ Renewal Date _____

Website Address _____

• TYPE OF BUSINESS

Please define the general nature of your business and occupation of staff specialised in (e.g. Clerical, Field Workers, Packers, HGV Drivers etc)

Are staff employed by the business? **Yes No**
If 'yes', Who pays your staff _____

Is there a charge or deduction from salary made to staff for collection i.e. 50p per day? **Yes No**
If 'yes', please state cost per individual £ _____

Do you currently have any specific regular contracts? **Yes No**
If 'yes': Who are current contracts arranged with _____

What percentage does this represent of your total business? _____%

• VEHICLES - GENERAL

Please state the number of years you have been in operation _____ **Years**

If this is a new venture how many years experience do you have in the recruitment business? ___ **Years**

If this is a new venture and more than 2 vehicles how are they funded? _____

Do you have a PSV Operators Licence? **Yes No**
If 'yes' please indicate the type (Standard or Restricted) and number of Operators Licences held and the number of vehicles on each licence

Please indicate total number of vehicles operated	Number	Typical Annual Mileage
Minibuses	_____	_____
MPVs	_____	_____
Other Vehicles (please specify)	_____	_____

Are all vehicles legally owned by you and are you the registered keeper? **Yes No**
If 'no' please give full details of ownership of all vehicles

Do you use agency, temporary or casual drivers (including part-time)? **Yes No**
If **'yes'** please give details including the number of part-time and full time drivers _____

Are your minibuses or MPV's solely driven by your paid, full time employee's ? **Yes No**
If **'no'** are they drivers hired by you on behalf of your customers? Please give details _____

In respect of all new employee's (or volunteer drivers) who will drive do you:

- | | | |
|--|------------|-----------|
| a) take a copy of their driving licence? | Yes | No |
| b) obtain and follow-up references? | Yes | No |
| c) obtain and verify details of previous motoring accidents and convictions? | Yes | No |
| d) assess their driving ability? | Yes | No |

If **'yes'** to d) who conducts this assessment? _____

• **DRIVER MANAGEMENT**

How often do you check driving licences? _____

Do you issue drivers with a company handbook? **Yes No**
If **'yes'** please provide a copy

Do you supply your drivers with:

- | | | |
|---|------------|-----------|
| a) written details of what to do in the event of an accident? | Yes | No |
| b) your own accident report form to complete? | Yes | No |
- If **'yes'** please provide a copy (or copies)

Does a manager interview the driver following an accident/incident? **Yes No**

Do you operate driver reward/driver penalty scheme to encourage accident free driving? **Yes No**
If **'yes'** how long has this been in operation, what are the rewards or penalties and what has been the result of the scheme? _____

• **DRIVER TRAINING**

Has your company or organisation ever undertaken or are you currently involved in any form of a driver training programme? **Yes No**
If **'yes'** which driver training organisation do you use _____

Please give brief details of the programme _____

How many drivers have undertaken a training programme during the last a) 12 months _____
b) 24 months _____

• **DRIVER DETAILS**

So we can accurately calculate your premium please provide details of ALL your current drivers

Proposer (if not in company name)

Driver's Name		Date of Birth	
Licence Type		Period Held	
Minibus Experience		Medical Conditions	
Accidents or Claims			
Convictions			

Driver 1

Driver's Name		Date of Birth	
Licence Type		Period Held	
Minibus Experience		Medical Conditions	
Accidents or Claims			
Convictions			

Driver 2

Driver's Name		Date of Birth	
Licence Type		Period Held	
Minibus Experience		Medical Conditions	
Accidents or Claims			
Convictions			

Driver 3

Driver's Name		Date of Birth	
Licence Type		Period Held	
Minibus Experience		Medical Conditions	
Accidents or Claims			
Convictions			

Driver 4

Driver's Name		Date of Birth	
Licence Type		Period Held	
Minibus Experience		Medical Conditions	
Accidents or Claims			
Convictions			

Please supply copy licence for all drivers with convictions during last 5 years

• **ADDITIONAL INFORMATION**

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CLAIMS

Please supply details of any claims or incidents that would have given rise to a claim in the past 3 years. Please also supply your existing insurers claims experience or no claims bonus levels earned on each vehicle.

SIGNATURE OF PROPOSER _____ **DATE** _____

NAME _____

POSITION IN COMPANY _____