



## Hiscox Classic Motor Insurance

Quotation request

### Broker details

Broker/contact:

Telephone:  Fax:

Email:

### Policyholder details

Name:

Address:

Postcode:

Date cover required from:  /  /  Target premium:

Existing Hiscox policy number (if applicable):  Existing insurer:

Details of any affiliation to a classic car club:

Has the policyholder or any other person to be covered by this insurance ever been convicted of and/or charged with any offence (other than motoring convictions and/or spent convictions)? Yes  No

Has the policyholder or any person to be covered by this insurance ever had insurance cancelled, refused, declined, or had any special terms imposed? Yes  No

Has the policyholder or 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)?

Yes  No

Is the policyholder the registered owner of all vehicles on this proposal? Yes  No

Does the policyholder have access to another vehicle, outside of this insurance, that is used more regularly than the vehicles on this proposal? 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:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manufacturer:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Exact model:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engine size:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year of manufacture:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date purchased:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Modified? (If Yes, please give details below)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



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## Vehicle details (cont.)

Value:

Does the policyholder require extended value cover?

Has the policyholder had a professional valuation in the past three years?

Postcode where the vehicle is kept overnight:

Is there overnight security where the vehicle is kept? (If Yes, please give details below)

Annual mileage:

Name of registered owner and keeper:

Does the policyholder own another car that is used more regularly than this one?

Is the vehicle used for any form of racing, rallying, trials, pace-making, speed testing, or any track use? (If Yes, please give details below)

Is the vehicle in the process of being restored? (If Yes, please give details below)

Is this vehicle to be used for any business use or third-party hire? (If Yes, please give details below)

Does the policyholder require laid-up cover only for this vehicle? (If Yes, please give details below)

Excess required (min £500):

Vehicle 1	Vehicle 2	Vehicle 3
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Driver details

Name:

Date of birth:

Occupation/business (If 'company director', please give industry type):

Relationship to policyholder?

Duration full UK/EU driving licence held?

Any claims or convictions within the last five years? (If Yes, please provide details below)

Driver 1	Driver 2	Driver 3
/ /	/ /	/ /
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



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Claims in the last five years  
(excluding windscreen)

	Driver	Date occurred	Fault/non-fault	Details
Claim 1:		/ /		
Claim 2:		/ /		
Claim 3:		/ /		

Motor convictions in  
the last five years

	Driver	Date occurred	Fault/non-fault	Details
Conviction 1:		/ /		
Conviction 2:		/ /		
Conviction 3:		/ /		

**Any additional information**