

EMAIL TO: coachshield@thbgroup.com

FAX TO: 0870 0672571

DIRECT DIAL TEL NO: 0207 469 0133



THB COACHSHIELD QUOTATION REQUEST

FROM _____ AT _____
FAX NUMBER _____ ACCOUNT REF _____

PLEASE COMPLETE FULLY BEFORE SUBMITTING TO THB

Name				
Business Description				
Address (Incl Postcode)				
Inception / Renewal Date				
Motor Details	Renewal Date	<input type="text"/>	Motor Insurer	<input type="text"/>
Number of Vehicles	Private Hire Cars up to 7 seats	<input type="text"/>		
	Private Hire Minibus up to 16 seats	<input type="text"/>		
	Private Hire Coach up to 53 seats	<input type="text"/>		
Limits Of Indemnity Required	Employers' Liability	<input type="text" value="£10 m / £20m"/>		
	Public / Products Liability	<input type="text" value="£2m / £5m / £10m"/>		
Third Party Vehicle Servicing If Yes, Please state	Percentage of Turnover	<input type="text" value="YES / NO"/>		
	Wage-roll Applicable	<input type="text" value=""/>		
Use of Subcontractors If Yes, Please State	Percentage of Turnover	<input type="text" value="YES / NO"/>		
	Annual Charges	<input type="text" value=""/>		
Stage-carriage Work If Yes, Please State	Percentage Of Turnover	<input type="text" value="YES / NO"/>		
Tours including arranging accommodation If Yes, Please State	UK Turnover	<input type="text" value="YES / NO"/>		
	EU Turnover	<input type="text" value=""/>		
Are you the Holding Broker Current Insurer /Renewal Terms	<input type="text" value="YES / NO"/>			

Claims Information

Please provide claims history for the last 5 years – if none state NONE.

Date Of Incident Circumstances Amount Settled Position

<u>Date Of Incident</u>	<u>Circumstances</u>	<u>Amount Settled</u>	<u>Position</u>

Please provide any information which could influence underwriter's terms and acceptance of the risk