

TFP Taxi Fleet Quotation Request

Agent		Agency Number	
Contact		Date	
Telephone		Email	
Client Name		Date Established	
Address			
Postcode		Licensing Office	

Schedule of Vehicles

	Make/Model	Seats	CC	Year	Value	NCB	Cover	Use	CCTV
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Driving Restrictions		Number of Drivers		Excess	
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Claims (Please provide full details of any incidents including full costs incurred by the insured and the Third Party within the last five years, use a separate sheet if necessary):

Convictions

Present Insurers		Target Premium		Deadline	
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HELD ATTACKING SUB AGENT INTRODUCTION (Please complete in all cases)

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