

**FARM MOTOR ENQUIRY FORM**

**Please complete and post (or fax) to:**

Greenlands Insurance Services, Unit 1 The Science Park, Aberystwyth, SY23 3AH

|                  |  |               |           |
|------------------|--|---------------|-----------|
| Proposed:        |  |               |           |
| Address:         |  |               | Postcode: |
| Occupation:      |  |               |           |
| Present Insurer: |  | Renewal date: | Target: £ |

| <b>Private vehicles<br/>(inc. Land Rovers)</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> |
|--|----------|----------|----------|----------|
| Make & model                                   |          |          |          |          |
| Year of make                                   |          |          |          |          |
| Cubic capacity                                 |          |          |          |          |
| Value  |          |          |          |          |
| Registration                                   |          |          |          |          |
| Cover required                                 |          |          |          |          |
| Years NCB                                      |          |          |          |          |
| Driving restriction                            |          |          |          |          |

| <b>Commercial vehicles</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> |
|----------------------------|----------|----------|----------|----------|
| Make & model               |          |          |          |          |
| Year of make               |          |          |          |          |
| Cubic capacity             |          |          |          |          |
| Value                      |          |          |          |          |
| Registration               |          |          |          |          |
| Cover required             |          |          |          |          |
| Years NCB                  |          |          |          |          |
| Driving restriction        |          |          |          |          |

| <b>Agricultural vehicles</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> |
|------------------------------|----------|----------|----------|----------|
| Make & model                 |          |          |          |          |
| Year of make                 |          |          |          |          |
| Cubic capacity               |          |          |          |          |
| Value                        |          |          |          |          |
| Registration                 |          |          |          |          |
| Cover required               |          |          |          |          |
| Years NCB                    |          |          |          |          |

| Drivers          | 1 | 2 | 3 | 4 |
|------------------|---|---|---|---|
| Name             |   |   |   |   |
| Occupation       |   |   |   |   |
| D.O.B.           |   |   |   |   |
| Type of licence  |   |   |   |   |
| Year test passed |   |   |   |   |

**Have you or any person who may drive the vehicle:**

a) Any physical defect, impairment of sight, hearing, heart, diabetic or epileptic condition or other complaint?: **Yes**  **No**

**If 'Yes' please give details**

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b) Ever had any motoring conviction, disqualification, fixed penalties or prosecutions pending?: **Yes**  **No**

**If 'Yes' please give details**

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**Insurance history:**

a) Have you previously been insured in respect of a motor vehicle?: **Yes**  **No**

**If 'Yes' please give details**

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b) Have you or any person who may drive been declined motor insurance or had a motor policy cancelled or any special terms imposed?: **Yes**  **No**

**If 'Yes' please give details**

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c) Have you or any person who may drive had any accidents/claims/losses (whether to blame or not) in connection with any motor vehicle during the last 5 years?: **Yes**  **No**

**Dates**

**Circumstances**

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**Amount claimed**

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**Additional info:**

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