



Motor Quote Form

This form must be used for quotes not conducted via Masterpiece24,
i.e. over €1,000,000 accumulation or €250,000 maximum single vehicle.
The form can be completed in ink or online.

From (Broker's Name) :

Contact Person:

Client Details

Insured's name:

Household Policy number (if exists):

Address at which vehicle is kept:

Full post code:

How long have you known the client:

Property Details

Please name all family members (i.e. Insured plus those persons residing with the Insured) who are required to drive. This includes domestic staff, gardeners, caretakers & students living away from home.

Name	DoB	Occupation	Relationship To Insured	Licence type	Length held	Previous High Performance Experience (Make/ Model)
Insured						
Driver 2						
Driver 3						
Driver 4						
Driver 5						
Driver 6						

Vehicle/ Driver Details

Vehicle (make/model)	Engine Size (cc)	Current Value	YoM/Reg	Vehicle Security	Overnight Parking	Annual Usage (km)	Preferred Excess	Insured's Name	Driver 2 Name	Driver 3 Name	Driver 4 Name	Driver 5 Name	Driver 6 Name
								Usage (Km)	Usage (Km)	Usage (Km)	Usage (Km)	Usage (Km)	Usage (Km)
		€					€						
		€					€						
		€					€						
		€					€						
		€					€						
		€					€						
		€					€						
		€					€						
		€					€						

Claims Information

Driver	Date	Amount Paid	Fault/ Non-fault	Circumstances
		€		
		€		
		€		
		€		
		€		
		€		

Convictions

Driver	Date	Conviction Code	Points	Fine
				€
				€
				€
				€
				€
				€

Additional Information

Current/ Previous Insurer:

Renewal date:	Current/ Renewal premium:	Is Personal Plate Cover required?	Yes	No	If Yes, please give sum insured required:
	€				€

Are there any other vehicles in the Household NOT being quoted? If Yes, please provide full details:	Yes	No
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Brokers, please save the completed questionnaire and email to:

New Business: **cornerstone-existing@chubb.com**
national-existing@chubb.com
independent-existing@chubb.com

Chubb. Insured.SM

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