



01622 815011 email equine@lion-insurance.com

Horsebox & Agricultural Motor Insurance Quotation Form

1. APPLICANT INFORMATION

Full Name: _____

Business Name (if applicable): _____

Address: _____

Phone Number: _____

Email Address: _____

Preferred Contact Method (☐ Phone ☐ Email):

2. VEHICLE INFORMATION

Type of Vehicle:

☐ Horsebox

☐ Agricultural Tractor

☐ Quad Bike

☐ Other: _____

Make & Model: _____

Year of Manufacture: _____

Vehicle Registration Number: _____

Engine Size (cc): _____

Gross Vehicle Weight (GVW) for horseboxes:

Number of Seats: _____

**Lion Insurance Consultants (Tonbridge) Ltd is authorised & regulated by the
Financial Conduct Authority.**

Call 01622 815011 for a quotation or email equine@lion-insurance.com

Estimated Annual Mileage: _____

Is the vehicle modified? (☐ Yes ☐ No):

If yes, please describe modifications:

3. VEHICLE USAGE

Purpose of Use (e.g. personal, business, shows):

Where is the vehicle kept overnight?:

Is the vehicle fitted with any security devices? (☐ Yes ☐ No)

If yes, please specify: _____

Will the vehicle be driven by anyone other than yourself? (☐ Yes ☐ No):

4. DRIVER INFORMATION

Full Name of Main Driver: _____

Date of Birth: _____

Occupation: _____

Years of Driving Experience: _____

Do you have a valid UK driving license? (☐ Yes ☐ No):

Any driving convictions in the last 5 years? (☐ Yes ☐ No)

If yes, please provide details: _____

5. CLAIMS & INSURANCE HISTORY

Have you made any insurance claims in the last 5 years? (☐ Yes ☐ No)

If yes, provide details: _____

Current Insurance Provider: _____

Renewal Date: _____

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No Claims Bonus (years): _____

6. ADDITIONAL INFORMATION

Please include any additional information relevant to your insurance quotation:

7. DECLARATION

☐ I declare that the information provided above is true and complete to the best of my knowledge.

Signature: _____

Date: _____

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