

EMAIL TO: frieghtshield@thbgroup.com

FAX TO: 0870 756 9372

DIRECT DIAL TEL NO: 0207 469 0103



**FREIGHTSHIELD QUOTATION REQUEST**  
**FROM \_\_\_\_\_ AT \_\_\_\_\_**  
**FAX NUMBER \_\_\_\_\_ ACCOUNT REF \_\_\_\_\_**

PLEASE COMPLETE FORM FULLY BEFORE SUBMITTING TO THB

**Name**

**Business Description**

**Address  
(Incl Postcode)**

**Inception / Renewal Date**

**Total Number of Goods Carrying Vehicles**

**Max GVW of largest vehicle**

**Year Established**

**Annual Turnover**

**Please confirm type of Goods  
Carried**

**Conditions of Carriage**


Cover Required	Turnover / Haulage Charges

**Use of Subcontractors**

**If Yes, please state**

Percentage of Turnover  
Annual Charges

	%
£	

Do you operate any tankers?

If Trailer cover is required please state total sum insured   
Maximum value any 1 Trailer

If Loss of Use is required please state weekly benefit   
Number of Trailers / Vehicles

Do you carry thief attractive goods?

(Wines, spirits, processed tobacco products, electrically powered audio visual equipment, computer & accessories, mobile phones & accessories, photographic equipment, clothing, shoes & non-ferrous metals)

If Yes, please state type & whether full loads or part loads/groupage

Do you carry temperature controlled goods?   
If Yes, please state % of turnover

Do you carry hazardous goods?

If Yes please state type/ class

Are you fully ADR Licensed?

Is there an appointed DGSA (Dangerous Goods Safety Advisor)?

Territorial Limits Required  
British Isles   
Western Europe *excluding* Italy   
Western Europe *including* Italy

Are you the Holding Broker?

Current Insurer

What are the renewal terms?

Please confirm details of any special terms or restrictions imposed

