

QUESTIONNAIRE · FLEET & BUSINESS VEHICLES

Fleet insurance questionnaire

Information needed for your study — to be returned to info@assudire.fr

Answer what applies to you: only your contact details are required. The vehicle list can also reach us as an attachment, with the registration documents.

1. YOUR BUSINESS AND YOU

The business taking out the policy, and who to call back.

Company name : SIRET : NAF code (business activity) :

Legal form : ☐ Sole trader / micro-business ☐ Limited company (SARL / EURL) Date established :

☐ Simplified company (SAS / SASU) ☐ Other

First name : Last name : Position :

Phone : Email :

2. THE FLEET

The vehicles to insure.

Number of vehicles :

Vehicle types : ☐ Cars ☐ Vans (up to 3.5 t) ☐ Heavy goods vehicles ☐ Plant / machinery ☐ Two-wheelers

List of vehicles (or attached) :

Registration	Make and model	First registration	Value (€)
.....			
.....			
.....			

Financing : ☐ Purchase ☐ Leasing / lease purchase ☐ Long-term rental Head office postcode :

Fleet based in France : ☐ Yes ☐ No ☐ On its way

3. USE AND DRIVERS

How and by whom the vehicles are driven.

Use : ☐ Business travel ☐ Goods transport ☐ Passenger transport ☐ Building sites

Average annual mileage : km Overnight parking : ☐ Locked premises ☐ Private car park ☐ Street

Number of drivers : Drivers : ☐ Named drivers ☐ Any authorised employee

Licence held under 3 years : ☐ No ☐ Yes

4. YOUR INSURANCE HISTORY

Your claims record (relevé d'informations) will confirm these details; without it, we prepare a first estimate.

Currently insured : ☐ Yes ☐ No Current insurer : Policy number :

Renewal date : Current premium : € / year Customer since :

Fleet claims in the last 36 months (including non-fault) :

Date	Type (accident, broken glass, theft...)	Amount (€)
.....		
.....		
.....		

Cancelled by an insurer in the last 36 months : ☐ No ☐ Yes If yes, reason :

5. YOUR NEEDS

Cover wanted : ☐ Fleet Third-party ☐ Fleet Comfort ☐ Fleet Comprehensive ☐ Advise me

Cover wanted : ☐ Goods in transit ☐ Courtesy vehicle ☐ Driver cover ☐ Plant breakdown
☐ Staff own-car business use ☐ Breakdown assistance from home

Excess : ☐ Low ☐ Standard
☐ High (lower premium)

Payment : ☐ Annual ☐ Half-yearly ☐ Quarterly
☐ Monthly

Start date wanted : ☐ As soon as possible ☐ Within a month ☐ At my current renewal Target budget : € / year
☐ Later

Details, constraints or questions :

6. DOCUMENTS TO ATTACH

Photos or scans are fine.

☐ Registration documents ☐ Fleet claims record ☐ Vehicle claims records ☐ List of drivers ☐ Kbis extract
(company registration) ☐ Bank details (IBAN)

DECLARATION AND SIGNATURE

I certify that the information above is accurate; it forms the basis of the study and, where applicable, of the policy. Any concealment or misrepresentation is subject to the penalties of articles L.113-8 and L.113-9 of the French Insurance Code. ASSUDIRE processes the data collected to study my needs and manage the policy, under the conditions of the information document (section 8); I agree to be contacted.

Signed at: Date:

The policyholder

Signature

For ASSUDIRE use

Received on · adviser · study reference