



To accept the cover, please check/complete the details on the quotation then sign and fax back this document.

Acceptance of Terms Offered

Quotation number	
Driver & Age	
Drivers Address	
Contact Tel No	
Race/ Rally License	

Car / Vehicle	
Chassis or Registration Number	

Event to be covered	
Date of Event to be covered	

Owner of Vehicle	
Owners Address	

I have read the above details and confirm that they are correct and accept the premium offered.

Signed	
Print Name	
Position	