

COOL CAMPER HIRE Ltd. VEHICLE BOOKING FORM

Personal Details

| | |
|---------|--|
| Surname | |
|---------|--|

| | |
|-------------|--|
| First names | |
|-------------|--|

| | |
|-------|--|
| Email | |
|-------|--|

| | |
|---------|--|
| Address | |
|---------|--|

| | |
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| | |
|------|--|
| Town | |
|------|--|

| | |
|--------|--|
| County | |
|--------|--|

| | |
|-----------|--|
| Post Code | |
|-----------|--|

| | |
|------------|--|
| Tel Number | |
|------------|--|

| | |
|------------|--|
| Mobile No. | |
|------------|--|

| | |
|-----|--|
| DOB | |
|-----|--|

| | |
|------------|--|
| Occupation | |
|------------|--|

| | |
|----------|--|
| Employer | |
|----------|--|

| | |
|----------------------------|--|
| Employers telephone number | |
|----------------------------|--|

| | |
|-------------|--|
| Nationality | |
|-------------|--|

Booking Details

| | |
|---------------|--|
| Which vehicle | |
|---------------|--|

Hire Date

| | |
|------|--|
| From | |
| To | |

Additional Items (Tick boxes)

| | | |
|-----|------------------------------|-----------------------------|
| GPS | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|-----|------------------------------|-----------------------------|

| | | |
|------------|------------------------------|-----------------------------|
| DVD Player | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|------------|------------------------------|-----------------------------|

| | | |
|----------------------------|--|------------------------------|
| Childs Car seat (plus qty) | | Qty <input type="checkbox"/> |
|----------------------------|--|------------------------------|

| | | |
|----------------------|------------------------------|-----------------------------|
| Free standing Awning | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|----------------------|------------------------------|-----------------------------|

Porta Potty YES NO

Bedding Per person - (Duvet, Pillow, Pillow case and sheet) Qty

Towel Pack Qty

Driver Details

Driving Licence Number

Issuing Authority

Expiry date

Number of years full licence held

Date of test if within last 2 years

Have you had a proposal declined, a policy cancelled or renewal refused or been required to pay an increased premium or had special conditions imposed by any major insurer?

YES

NO

If so, give details

Have you been convicted of any motoring offence during the past five years, or had your licence suspended during the past ten years, or is any prosecution pending?

YES

NO

If so, give details

Have you had any accidents and/or claims in the past 36 calendar months?

YES

NO

If so, give details

| No. of Claims | Amount own | Third Party | Outstanding |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Have you any physical or mental disability or infirmity or suffered from diabetes, fits or any heart complaint?

YES

NO

If so, give details

| |
|--|
| |
|--|

First Additional -Driver Details

| | |
|------------------------|--|
| Driving Licence Number | |
|------------------------|--|

| | |
|-------------------|--|
| Issuing Authority | |
|-------------------|--|

| | |
|-------------|--|
| Expiry date | |
|-------------|--|

| | |
|-----------------------------------|--|
| Number of years full licence held | |
|-----------------------------------|--|

| | |
|-------------------------------------|--|
| Date of test if within last 2 years | |
|-------------------------------------|--|

Have you had a proposal declined, a policy cancelled or renewal refused or been required to pay an increased premium or had special conditions imposed by any major insurer?

| | |
|-----|--|
| YES | |
|-----|--|

| | |
|----|--|
| NO | |
|----|--|

If so, give details

| |
|--|
| |
|--|

Have you been convicted of any motoring offence during the past five years, or had your licence suspended during the past ten years, or is any prosecution pending?

| | |
|-----|--|
| YES | |
|-----|--|

| | |
|----|--|
| NO | |
|----|--|

If so, give details

| |
|--|
| |
|--|

Have you had any accidents and/or claims in the past 36 calendar months?

| | |
|-----|--|
| YES | |
|-----|--|

| | |
|----|--|
| NO | |
|----|--|

If so, give details

| |
|--|
| |
|--|

| No. of Claims | Amount own | Third Party | Outstanding |
|---------------|------------|-------------|-------------|
| | | | |

Have you any physical or mental disability or infirmity or suffered from diabetes, fits or any heart complaint?

| | |
|-----|--|
| YES | |
|-----|--|

| | |
|----|--|
| NO | |
|----|--|

If so, give details

| |
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| |
|--|

Second Additional -Driver Details

| | |
|------------------------|--|
| Driving Licence Number | |
|------------------------|--|

| | |
|-------------------|--|
| Issuing Authority | |
|-------------------|--|

| | |
|-------------|--|
| Expiry date | |
|-------------|--|

| | |
|-----------------------------------|--|
| Number of years full licence held | |
|-----------------------------------|--|

| | |
|-------------------------------------|--|
| Date of test if within last 2 years | |
|-------------------------------------|--|

Have you had a proposal declined, a policy cancelled or renewal refused or been required to pay an increased premium or had special conditions imposed by any major insurer?

| | |
|-----|--|
| YES | |
|-----|--|

| | |
|----|--|
| NO | |
|----|--|

If so, give details

| |
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|--|

Have you been convicted of any motoring offence during the past five years, or had your licence suspended during the past ten years, or is any prosecution pending?

| | |
|-----|--|
| YES | |
|-----|--|

| | |
|----|--|
| NO | |
|----|--|

If so, give details

| |
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|--|

Have you had any accidents and/or claims in the past 36 calendar months?

| | |
|-----|--|
| YES | |
|-----|--|

| | |
|----|--|
| NO | |
|----|--|

If so, give details

| |
|--|
| |
|--|

| No. of Claims | Amount own | Third Party | Outstanding |
|---------------|------------|-------------|-------------|
| | | | |

Have you any physical or mental disability or infirmity or suffered from diabetes, fits or any heart complaint?

| | |
|-----|--|
| YES | |
|-----|--|

| | |
|----|--|
| NO | |
|----|--|

If so, give details

| |
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T & C's

I have read and fully understand the Cool Camper Hire Ltd Terms and Conditions

| | |
|------|--|
| Name | |
|------|--|

| | |
|-----------|--|
| Signature | |
|-----------|--|

| | |
|------|--|
| Date | |
|------|--|

Where:

Where did you hear about Cool Camper Hire Ltd?

| |
|----------------------------|
| Website |
| Flyers/ Business cards |
| Magazine |
| Word of mouth |
| Visitscotland |
| Tourist Information Centre |
| Other |

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Comment box - please give details.

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| | |
|------|--|
| Name | |
|------|--|

| | |
|-----------|--|
| Signature | |
|-----------|--|

| | |
|------|--|
| Date | |
|------|--|

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| <p>Please forward your completed form to:</p> <p>Cool Camper Hire Ltd 22 kirktonfield Drive Neilston Glasgow G78 3PJ</p> |
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