

Additional Drivers Form – The information on this form has been provided by yourself, please ensure all details are correct. It is your responsibility to inform us of any errors.

Policy Number Name of Insured

Period Of Cover From _____ to _____

DETAILS OF ADDITIONAL DRIVERS

Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forenames	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YR	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YR	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YR
Occupation-both full and part time	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Licence (UK, EU, INT) and how long held	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time resident in UK or visiting	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Proposer	<input type="text"/>	<input type="text"/>	<input type="text"/>
In the last 10 years has he/she been convicted of any offences, had his/her licence endorsed, or is any prosecution pending? If 'Yes' give full details	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does he/she suffer from Diabetes, any Heart Complaint, defective vision or hearing or from any other medical and/or physical infirmity? If 'Yes' give full details	<input type="text"/>	<input type="text"/>	<input type="text"/>
Has he/she ever been declined for motor insurance, had a policy cancelled or any special terms imposed? If 'Yes' give details	<input type="text"/>	<input type="text"/>	<input type="text"/>
Has he/she had any accident, loss (including fire or theft) or claim - either fault or non fault - in the last three years? If 'Yes' give full details including date, cost and circumstances.	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION: I confirm that the statements above are true to the best of my knowledge and belief and that no material information has been withheld and I also agree that if anything on this form was written by another person, they acted as my agent for this purpose.

INSURED'S SIGNATURE (If requested) NOT REQUIRED

DATE NOT REQUIRED

WARNING: Virtually all insurances restrict driving for business use and many insurances restrict driving to and from work to certain individuals.

If any person shown above uses the vehicle to drive to and from work or for business your Broker/Agent should be advised.