

ADDITIONAL DRIVERS FORM

PLEASE USE BLOCK CAPITALS

Insured's Name Reg. No Policy Number

DETAILS OF ADDITIONAL DRIVERS WHO WILL DRIVE YOUR VEHICLE

Full Name of Driver
 Sex (M/F) Date of Birth Marital Status
 Precise occupations full and part time Nature of employers business

If unemployed please state nature of previous employment

Type of **current** License held eg; UK full Provisional, triennial Date licence obtained - and country of issue if not UK

How long resident in UK

Does this driver own or have use of any other vehicle including company car. If YES give details

Relationship to you Is the driver a non smoker Is the driver tee-total

Has any company/underwriter in respect of motor insurance declined to insure the driver, cancelled or avoided his/her policy or refused to renew? If yes give details and name of insurers, branch and policy no.

Have they been convicted of any motoring offence in the last 5 years, received a motoring ban in the last 10 years or are there any pending prosecutions or been convicted/charged with criminal offence. If yes we require offence code, conviction date, fine and points plus details of any ban etc

Give details of all accidents, claims or losses involving any vehicle driven by them during the last 3 years -

If -None please write none in the box

Has the additional driver any medical condition? If yes give details and state whether DVLA are aware

Will the vehicle be used for social, domestic and pleasure purposes only Excluding commuting? If no advise the use required

Date and time cover is required from. / / am/pm
Please note cover cannot be back-dated and will only be in place when we confirm it

PLEASE READ CAREFULLY

I hereby declare that the answers stated above are true and that I have not withheld any information that might influence the acceptance of the person(s) named above as drivers under the numbered policy. I also declare that no person who to my knowledge will drive has any physical disablement or infirmity, defective vision or hearing **and this driver is not the main user of my vehicle.** If this is the main user please tick here

Policyholder's Signature..... **Date**.....
 CHP /Historic office use- Insurer..... Premium..... Reference.....