

Additional Drivers Form

All Drivers Must Be Family Members.

Supplementary proposal form for additional drivers. To be incorporated in the proposal for policy No.

Insurer

Agency No.

Name and address
of insured

questions 1 to 13 to be answered by additional driver

1. Name and address of driver
2. Date of Birth
3. Occupation (include. part time)
4. Do you hold a full or provisional driving licence?
State class(es) of vehicle(s) covered by licence
Date of issue of licence Issuing Authority
5. Date on which Driving Test was passed
6. Date of issue of first licence
7. Will you use the vehicle in connection with your own business? Yes ☐ No ☐
8. Will you be the main driver of the vehicle? Yes ☐ No ☐
9. Do you(named driver) own your own vehicle? Yes ☐ No ☐
10. Do you(named driver) have a full 5 year no claims bonus on that vehicle? Yes ☐ No ☐
11. Have you ever been refused Motor insurance or had a policy cancelled or special rates or conditions applied? Yes ☐ No ☐
12. Do you suffer from defective vision or hearing, diabetes, epilepsy, heart condition or any other physical or mental infirmity? Yes ☐ No ☐
If "YES" please give details
13. (a) Have you been involved in any accident or loss or have had any claims in the last 5 years? Yes ☐ No ☐
(b) Have you been convicted by a court of any offence in connection with a Motor Vehicle? Yes ☐ No ☐
(c) Is there any motor prosecution pending? Yes ☐ No ☐

If the answer to a, b, or c is "YES" please give full details and submit your licence for inspection

Declaration:

I declare that to the best of my knowledge and belief the above statements made by me or on my behalf are true and complete and that nothing materially affecting the risk has been concealed.

Signature of driver

Relationship to Proposer:

Date

Declaration:

I/We declare that to the best of my/our knowledge and belief the above statements made by me or on my/our behalf are true and complete and nothing materially affecting the risk has been concealed. I/We agree that this Declaration shall in conjunction with my/our original proposal, be incorporated in and taken as the basis of the contract between me/us and THE COMPANY

Signature of Policyholder

Date