

Additional Drivers Form

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

Broker

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 own your own vehicle? Yes No

10. Have you ever held insurance in your own name in the last 3 years? 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 a traffic accident during the past five 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 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