

# DRIVER'S DETAILS FORM

Please complete the form in **BLOCK** capitals giving full answers to all questions – unanswered questions are not acceptable

Policy number	Policyholder's name

**IMPORTANT**

The information you supply will attach to and form part of the contract of insurance issued under the above noted policy number. It is therefore very important that you ensure that every question is answered carefully and in full. **If there is any material information which could affect the insurer's assessment of the risk then please provide full details on a separate sheet of paper.**

Additional driver's name	Date of birth	No. of years resident in UK	Type of licence	Country of issue	Full date test passed	Occupation and nature of business (including part time)

Has the additional driver:

- Been involved in any accident or loss regardless of blame in the last three years?
YES  NO
- Been convicted of a motor offence during the last three years, or have any prosecutions pending?
YES  NO
- Ever been disqualified from driving?
YES  NO
- Had a motor vehicle stolen in the past three years?
YES  NO
- Ever suffered or currently suffer from any physical or mental defect, heart disease, epilepsy, diabetes or other infirmity?
YES  NO
- Ever been refused insurance or quoted an increased premium or had special terms imposed?
YES  NO
- Been convicted of any offence involving dishonesty of any kind in the last five years e.g. fraud, robbery, arson or handling stolen goods?
YES  NO

If the answer to any of the above questions is YES please give **all** details below –continue overleaf if necessary

Full date of loss/disability or conviction	Full circumstances of accident, loss, conviction and/or disability including treatment and effective date	Fines, endorsements, disqualifications etc	Claim costs	
			Own	Others

**WARNING**

No cover attaches until a Cover Note or Certificate of Motor Insurance has been issued by \_\_\_\_\_ or its authorised agent on behalf of the Insurer. It is an offence under the Road Traffic Acts to make a false statement or withhold any material information to obtain the issue of a Certificate of Motor Insurance. If you are in any doubt about facts considered material you should disclose them. \_\_\_\_\_ reserves the right to decline any proposal or apply special terms.

**DECLARATION**

I/We declare that to the best of my/our knowledge and belief all the above statements are true and complete. I/We understand that it is my/our duty to disclose all facts which are material to and will influence the acceptance and assessment of the amendment to the Policy and that failure to do so means that the Policy may not operate to protect me/us. I/We agree that this Additional Driver form and the declaration shall attach to and form part of the contract between me/us and the insurer and that if any answer has been written by any other person, such person shall be deemed to be my/our agent for that purpose.

Policyholder's signature

Date

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