

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 Date
 Relationship to Proposer:

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