

## ADDITIONAL DRIVER FORM

Use one form for each driver

Details of driver to be included

Driver's Name	
State whether MALE or FEMALE	
Relationship to Policyholder	
Date of Birth	
Occupation	Full Time Part Time
Employer's business	Full Time Part Time

Type of driving licence held? If not a UK licence state where obtained	
Number of years licence held?	
Will the driver use the vehicle covered by the above policy:	Yes No
a) for commuting?	Yes No
b) for business purposes?	Yes No
c) for the selling of goods or services?	Yes No
Will the driver be a Main user?	Yes No
Has the driver been driving in the UK for the past 3 years?	Yes No
Does the driver own a vehicle?	Yes No
Has the driver use of any other vehicle?	Yes No
Has the driver ever been refused insurance or had their policy cancelled?	Yes No
Has the driver been involved in any accidents, regardless of who was at fault or made any motor insurance claim, including thefts, within the past 3 years? If "Yes" give details below	Yes No
Has the driver been convicted of any motoring offence within the past 5 years, or have any prosecution pending? If "Yes" give details below	Yes No
Does the driver suffer from any mental or physical disability, illness or medical condition? If "Yes" give details below	Yes No

### Accidents

Date of Accident	Brief details of what happened	Costs

### Convictions

Conviction Date	Offence Code	Length of any disqualification	Amount of fine, if any

### Disabilities

Nature of Disability	Is the DVLA aware of the condition?

**Declaration** I/We declare that to the best of my/our belief the information I/we have given is true and complete.

Signature of Policyholder ..... Date .....