

## Additional Driver's Form

All questions must be answered in full, dashes will not be accepted by insurance companies.

Policy No:		PolicyHolder:	
------------	--	---------------	--

### 1. EMPLOYER DETAILS:

Employer's Name:	
Employer's Address:	

Is this driver in your sole and permanent employment? Yes [ ] No [ ]

If the answer is no, please state the contractual relationship between you and the driver

--

### 2. DRIVER'S DETAILS:

Surname:	Forename:
Address 1:	Address 2:
Address 3:	
Date of Birth:	
How many years Resident in the UK:	
Please state nature of employment and type of vehicle to be driven:	
What class of license do you hold (i.e. PSV/HGV):	Date Passed

### 3. DETAILS OF PREVIOUS PROFESSIONAL DRIVING EXPERIENCE

Period	Employer	UK/Green Cards

**4. MOTORING CONVICTIONS/MEDICAL HISTORY/INSURANCE HISTORY**

a) Have you ever been convicted of a motoring offence or have a prosecution pending, or sustained a fixed penalty resulting in an endorsement of the license which is still in force? **Yes [ ] No [ ]**

If Yes please provide the details below

Date of Offence	Date of conviction	Offence code	Penalty points	License endorsed	If alcohol related state reading in mgs/mls	Length of ban Yrs/Mths	Did accident occur
				Yes/No			Yes/No
				Yes/No			Yes/No
				Yes/No			Yes/No
				Yes/No			Yes/No

b) Do you have an uncorrected defect in vision or hearing, physical or mental infirmity or suffered from diabetes, epilepsy or any heart complaint? **Yes [ ] No [ ]**

Receiving treatment	Description of disability/condition	Date diagnosed	Advised DLA
			Yes/No
			Yes/No
			Yes/No

Are you now, or have you ever been, insured in respect of any motor vehicle? **Yes [ ] No [ ]**

Have you ever been refused insurance at normal terms? **Yes [ ] No [ ]**

If Yes please provide details below:

**5. ACCIDENTS, CLAIMS OR LOSSES**

Have you been involved in any accidents, claims or losses during the last 5 years. **Yes [ ] No [ ]**

(please use separate page if required)

Date of accident	Details of accident	Cost of own damage	Cost of third party damage

**Declaration:**

**I/We declare that the above statement and particulars which I/We have read over and checked are true and that no information has been withheld which might increase the risk or influence acceptance by the Underwriters.**

Signature of driver		Date	
Signature of employer		Date	

**PLEASE PROVIDE COPIES OF DRIVING LICENSES WITH THIS DRIVER'S FORM.**