

Name of Policyholder Policy Number
 Broker

ADDITIONAL DRIVERS FORM

	DRIVER	DRIVER	DRIVER
Surname	Mr <input type="text"/> Mrs <input type="text"/> Miss <input type="text"/>	Mr <input type="text"/> Mrs <input type="text"/> Miss <input type="text"/>	Mr <input type="text"/> Mrs <input type="text"/> Miss <input type="text"/>
First names	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full time occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Homes address	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	Relationship to proposer <input type="text"/> Address <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	Relationship to proposer <input type="text"/> Address <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> Age <input type="text"/>	<input type="text"/> Age <input type="text"/>	<input type="text"/> Age <input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>
Married	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Children	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Years resident in UK	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of license	Full <input type="checkbox"/> Prov. <input type="checkbox"/> Int. <input type="checkbox"/>	Full <input type="checkbox"/> Prov. <input type="checkbox"/> Int. <input type="checkbox"/>	Full <input type="checkbox"/> Prov. <input type="checkbox"/> Int. <input type="checkbox"/>
Years UK license held	<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER USES/OCCUPATIONS

Besides Motor Trade use and social domestic and pleasure, will any driver who is NOT employed full time in the motor trade industry require business use
 Yes No Yes No Yes No
 If YES give full details

HOME ADDRESS RISKS (Answer only if proposing Fire/Theft/Accidental Damage)

Years resident in UK	<input type="text"/>	<input type="text"/>	<input type="text"/>
Where are vehicles normally parked	Garaged <input type="checkbox"/> On runway <input type="checkbox"/> On road <input type="checkbox"/> Car Park <input type="checkbox"/>	Garaged <input type="checkbox"/> On runway <input type="checkbox"/> On road <input type="checkbox"/> Car Park <input type="checkbox"/>	Garaged <input type="checkbox"/> On runway <input type="checkbox"/> On road <input type="checkbox"/> Car Park <input type="checkbox"/>
Maximum capacity in cars	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average value one vehicle	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total value of vehicle	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

ACCIDENTS/LOSSES IN CONNECTION WITH ANY MOTOR VEHICLE DURING THE LAST 5 YEARS

Have you or any other persons who may drive had any accidents, claims or losses with any motor vehicle during the past 5 years
 Date Yes No if yes complete below Yes No if yes complete below Yes No if yes complete below
 Damage Own £ Other £ Own £ Other £ Own £ Other £
 Bodily injury Yes No Yes No Yes No
 Details of accident(s)
 or losses

CONVICTIONS, OFFENCES & PROSECUTIONS

Have you or any person who may drive ever been convicted, or has a prosecution pending for any motoring or non-motoring offence
 Yes No if yes complete below Yes No if yes complete below Yes No if yes complete below
 (a) Show date(s)
 (b) Conviction codes
 (c) Amount of fine
 (d) Any suspension

HEALTH

State details of any physical defect of infirmity (e.g. defective vision or hearing, disease of the heart, diabetes, epilepsy or loss of limbs or use thereof – affecting any driver who may drive). If none, state NONE.
 Details

DECLARATION (Important – it is essential that you sign and date the declaration below) Thank you

1. I declare that to the best of my knowledge and belief the answers are complete and true in every respect.
 2. This form and the information contained therein shall be considered as incorporated within declaration of the original proposal for insurance.
 3. If the answers to all or any of the questions have been completed by another at my dictation or instruction I confirm that I have read and agreed with such answers.
 Additional Drivers Signature
 Policyholder's Signature Date