

DRIVERS DECLARATION FORM

Policyholder Name:

Policyholder Address:

Drivers Details

1. Surname: 2. Full Forenames:

3. Date of Birth: 4. Years Resident in UK:

5. Nature of employment and type of vehicle to be driven:

6 (a) What type of licence do you hold a current PSV/HGV etc (state class)

(b) Date upon which Test passed

7 Are you in the employment of any Firm or Person in addition to above Policyholder i.e. other full or part-time employment Yes / No

If yes, give full details of this occupation e.g. drivers who drive PSVs/HGVs in the evening after driving during the day must ensure that full particulars are given to Underwriters

8 (a) Have you any physical defect, infirmity or defective vision or hearing? Yes / No

(b) Have you EVER been charged with any motoring offence or is any prosecution pending?

If so, give dates and results of prosecutions

9 Do you have a current Private Car Policy in your own name? Yes / No

If Yes, please state Insurers Current No Claim Discount

10 If it is the intention for the applicant to drive outside the UK please state the number of years experience in Europe as a driver of a relevant vehicle

11 Give details of ALL accidents, claims or losses which have occurred in the last three years, in connection with any vehicle owned or driven by you, if none, state NONE (Continue on a separate sheet if necessary)

Type of vehicle being driven	Date	Details of accident	Own damage costs or estimate	Third party costs or estimate

12 I give consent to share my driving licence Share Code

DECLARATION

I/We declare that the answers given above are true and complete and form part of the original signed proposal and declaration.

I/We undertake to advise Underwriters of subsequent changes to such answers.

Date: Signature of Driver

Signature of Policyholder