

ADDITIONAL DRIVERS FORM

Policy Number: _____

Name of Policyholder: Mr/Mrs/Miss/Other _____

Policyholder's Address: _____

Name of Additional Driver: Mr/Mrs/Miss/Other _____

Relationship to Policyholder: _____

Date of Birth: ____ / ____ / ____ Occupation: _____

Do you hold a 'Full' or 'Provisional' Driving Licence? _____

Please state the date on which the driving test was passed or the date of issue of your 1st Licence: ____ / ____ / ____

For what purpose will you use the vehicle? _____

Will you be the main driver of the vehicle? _____

Have you ever:

Been involved in a traffic accident? YES / NO

Been convicted of any offence in connection with a motor vehicle? YES / NO

If 'YES' to either of the above, please give FULL details _____

Have you normal sight in both eyes, normal hearing in both ears and are you without physical defect? YES / NO

If 'NO', please give FULL details _____

Do you own your own vehicle? YES / NO

Have you ever been refused motor insurance or had a policy cancelled? YES/NO

If 'YES', please give FULL details _____

I WARRANT THAT ALL THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I HAVE NOT SUPPRESSED, MISREPRESENTED OR MISSTATED ANY MATERIAL FACT.

Signature of Proposed Driver: _____ **Date:** ____/____/____

I HEREBY DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS CORRECT AND I AGREE THAT THIS DOCUMENT SHALL BE INCORPORATED INTO AND SHALL FORM PART OF THE CONTRACT BETWEEN ME/US AND THE COMPANY.

Signature of Policyholder: _____ **Date:** ____/____/____