

Additional Driver Form

1st Driver Details:		
Full Name of Driver:		
Date of Birth:		
Address:		
Occupation and Nature of Business:		
Main User:	Regular: Occasional:	
Will the additional driver(s) use the vehicle for business purposes? Yes No		
Will additional driver(s) have principal use of the insured vehicles? Yes No		
If applicable, which vehicle?		
Does the additional driver(s) have use of another vehicle? If so supply details.		
Date of first full licence issued in Great Britain, Northern Ireland, Isle of Man or Channel Islands to drive vehicles of the same category as the insured vehicle(s).		
Does the additional driver(s) have any physical or mental defect or disease of which the DVLA must be notified? Yes No		
If Yes, please give full details including any terms or restrictions imposed on their licence by the DVLA.		

Has the additional driver prosecution pending for	(s) received a fixed penalty notice, been convicted or have any any motoring offence?	
If YES, give full details of	conviction, code, points, fine and date:	
Provide full details of according the past 5 years.	cidents or losses, regardless of blame, with any motor vehicle	
Has any Insurance Comp premium or imposed any	pany declined, refused to renew or required an increased y special terms?	
2nd Driver Details:		
Full Name of Driver:		
Date of Birth:		
Address:		
Occupation and Nature of Business:		
Main User:	Regular: Occasional:	
Will the additional driver(s) use the vehicle for business purposes? Yes No		
Will additional driver(s) have principal use of the insured vehicles?		
If applicable, which vehicle?		
Does the additional drive	er(s) have use of another vehicle? If so supply details.	
	ssued in Great Britain, Northern Ireland, slands to drive vehicles of the same category	

Does the additional driver(s) disease of which the DVLA	have any physical or mental defect or nust be notified?		
If Yes, please give full details	including any terms or restrictions imposed on their licence by the DVLA.		
Has the additional driver(s) prosecution pending for any	eceived a fixed penalty notice, been convicted or have any motoring offence?		
If YES, give full details of co	viction, code, points, fine and date:		
Provide full details of accide during the past 5 years.	nts or losses, regardless of blame, with any motor vehicle		
Has any Insurance Company premium or imposed any sp	declined, refused to renew or required an increased ecial terms?		
3rd Driver Details:			
Full Name of Driver:			
Date of Birth:			
Address:			
Occupation and Nature of Business:			
Main User:	Regular: Occasional:		
Will the additional driver(s) use the vehicle for business purposes? Yes No			
Will additional driver(s) have principal use of the insured vehicles?			
If applicable, which vehicle?			

Does the additional driver(s) have use of another vehicle? If so supply details.			
Date of first full licence issued in Great Britain, Northern Ireland, Isle of Man or Channel Islands to drive vehicles of the same category as the insured vehicle(s).			
Does the additional driver(s) have any physical or mental defect or disease of which the DVLA must be notified?			
If Yes, please give full details including any terms or restrictions imposed on their licence by the DVLA.			
Has the additional driver(s) received a fixed penalty notice, been convicted or have any			
prosecution pending for any motoring offence? Yes No			
If YES, give full details of conviction, code, points, fine and date:			
Provide full details of accidents or losses, regardless of blame, with any motor vehicle during the past 5 years.			
Has any Insurance Company declined, refused to renew or required an increased premium or imposed any special terms?			
Signed:			
Date:			