



# 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(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?

## 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?

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).

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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(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?

### 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? 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).

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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(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:

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