

## ADDITIONAL DRIVERS FORM

**NAME OF POLICY HOLDER -**

**POLICY NUMBER -**

<b>PARTICULARS OF ADDITIONAL DRIVER(S)</b>		
	1 <sup>st</sup> Additional Driver	2 <sup>nd</sup> Additional Driver
Name (please use block capitals)		
Occupation		
Date of Birth		
1. Will they use the vehicle other than for Social domestic and pleasure purposes? - if so give details of use		
2. Is licence full or provisional?		
3. Confirm length of driving experience		
4. Have they ever been convicted of a motoring offence, or are there any prosecutions pending, if so give details		
5. Are they now or have they ever been insured in respect of any motor vehicle If so, advise insurers name & policy no		
6. Has any insurer ever cancelled or declined insurance, or imposed special terms? If so why.		
7. Give details of all accidents claims or losses involving any vehicle driven by them and occurring during the past five years.		

### **PLEASE READ CAREFULLY**

I declare that the answers stated above are true and that/we have not held any information which might influence the acceptance of the person(s) named above as drivers under the above numbered policy.

I also declare that no person who to my knowledge will drive has any physical disablement or infirmity, defective vision or hearing.

INSURED'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**This document needs to be completed and signed by the  
policyholder.**