

**ADDITIONAL DRIVER'S APPLICATION FORM**

This form is to be read in conjunction with the proposal forming the basis of a policy in the name of:

Client's Name: ..... Client Ref: .....  
 Policy Number: ..... Date to Add: .....

<b>DETAILS OF ADDITIONAL DRIVER</b>	
Name (please use block capitals)	
Occupation	
Employer's business, if applicable	
Date of birth	
Date resident in UK from	
Relationship to policyholder	
Will they use the vehicle other than for social domestic and pleasure purposes? If so please give details of use.	
Do they hold a UK full or provisional licence?	
Please give date licence obtained	
Have they ever been convicted of a motoring offence (including fixed penalty offences) or are there any pending prosecutions? If so, please advise date, offence code, points on licence, fine and any disqualification period, if drink driving sample type and reading.	
Are they now or have they ever been insured in respect of any motor vehicle? If so, please advise name of insurers, policy number & no. of years no claims bonus.	
Has any insurer ever cancelled or declined insurance or continuance thereof or imposed special terms? If so why, ie. medical/residency.	
Give details of all accidents claims or losses, whether to blame or not, involving any vehicle driven by them including date, costs, if injury involved and incident circumstances.	
Give details of all medical conditions/notabilities, including if the DVLA has been notified, and any restrictions to their driving license	

**PLEASE READ CAREFULLY**

*I hereby declare that the answers stated above are true and that I have not withheld any information that might influence the acceptance of the person(s) named above as drivers under the above numbered policy. I am aware that it is my responsibility to advise of any changes to the above information during the insurance period.*

Policyholder's Signature.....

Date.....

