

DECLARATION IN RESPECT OF ADDITIONAL DRIVERS

Policyholders Name: _____

Policy No: _____

	1	2
FULL NAME INC. TITLE		
DATE OF BIRTH		
OCCUPATION		
No YEARS UK LICENCE HELD		
No YEARS RELEVANT DRIVING EXPERIENCE		
HOW LONG RESIDENT IN UK		
Have you ever been disqualified from driving OR in the past 5 years been convicted of any offence connected with a motor vehicle?		
Give details of any loss, loss of use or defect of limb, eye, vision, hearing or of any heart disorder, diabetes, epilepsy, fits of any kind.		
Has any motor insurance ever been cancelled or refused or has an increased premium been charged, or any special terms imposed?		
Give details of any accidents, claims or losses during the past 5 years (whether to blame or not). State date, circumstances, costs or estimated costs.		

DECLARATION: I / We declare that to the best of my / our knowledge and belief the above statements are true and complete and that I / We have not withheld any material information. I / We hereby agree that this supplementary declaration shall, in conjunction with my / our proposal, be the basis of the contract between me / us and the insurance company.

Date _____ Signature of Policyholder _____