

# Additional Driver Notification Form



To be completed by the Policyholder in respect of the proposed additional driver. Full answers to be given; ticks or dashes are NOT acceptable

<b>Policy Holder Full Name:</b>	
<b>Policy Number:</b>	
<b>Client Reference Number:</b>	

### Additional Driver Details

.Title	Full Name	Occupation (Full and Part Time)	Date of Birth	Date of full UK license	Residency in UK (years)

### Motor Offences (in last 5 years) If none cross here

Offence Date	Conviction Date	Conviction Code(s)	Penalty Points	Fine Amount	Sample level (If DR code)

### Disabilities If none cross here

Disability Details	License Duration	DVLA Aware?*	Further Details (inc. DVLA license terms)
		Yes/No	

### Claims History (in last 5 years) If none cross here

Incident Date	Reason for Claim (e.g. Theft) and Details	Cost of Claim	NCB Affected?*	Claim Settled?*
			Yes/No	Yes/No

### Insurance History

Insurance	Cancelled/Refused	Reason and Circumstances

### Will the driver detailed above:

- |                                                              |          |          |
|--------------------------------------------------------------|----------|----------|
| 1. Be the main user of the vehicle that is insured?          | YES / NO | Details: |
| 2. Use the vehicle to drive to/from a place of work/college? | YES / NO | Details: |
| 3. Use the vehicle in connection with his/her business?      | YES / NO | Details: |
| 4. Does Driver have use of any other vehicle?                | YES / NO | Details: |

I/We the undersigned do hereby declare and warrant that the above statements and particulars are true and within my/our knowledge there is no other material fact which should be disclosed. I/We hereby agree that this Supplementary Declaration shall, in conjunction with my/our original proposal, be the basis of the contract incorporated in the policy.

Policyholder Signature \_\_\_\_\_

Date \_\_\_\_\_