

Additional Drivers Form



CLEGG GIFFORD

STRONG INSURANCE FOR A TURBULENT WORLD

INSURANCE BROKERS

Name of Policyholder Date
Policy Number Tel No.
Is this to be a permanent driver? Yes No When is cover to start? Date Time
If this is a temporary driver please state when cover is to cease Date Time
Driving which vehicle?

Additional Drivers

Surname Mr/Mrs etc	<input type="text"/>	<input type="text"/>
First Names	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Home Address	<input type="text"/>	<input type="text"/>
	<input type="text"/> Post Code <input type="text"/>	<input type="text"/> Post Code <input type="text"/>
Relationship to Insured	<input type="text"/>	<input type="text"/>
Years Resident in UK	<input type="text"/>	<input type="text"/>
Type of Licence	FULL <input type="checkbox"/> PROV. <input type="checkbox"/> INT. <input type="checkbox"/>	FULL <input type="checkbox"/> PROV. <input type="checkbox"/> INT. <input type="checkbox"/>
Years UK Licence Held	<input type="text"/>	<input type="text"/>
Licence Check Code	<input type="text"/>	<input type="text"/>

UK licence holders are required to go to gov.uk and obtain their licence check code to share your driving record with us. If you hold a licence issued in the Channel Islands then please supply a copy of the driving licence(s).

Accidents / Losses

Have you or any other persons who may drive had any accidents, claims or losses with any motor vehicle in the past 5 years?

Yes No

If yes please complete below

Yes No

If yes please complete below

Date	<input type="text"/>	<input type="text"/>
Damage	Own £ <input type="text"/> Other £ <input type="text"/>	Own £ <input type="text"/> Other £ <input type="text"/>
Bodily Injury	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of Accidents or Losses	<input type="text"/>	<input type="text"/>

Convictions, Offences & Prosecutions

Have you or any other person who may drive ever been convicted, or has a prosecution pending for any motoring or criminal offence?

Yes No

If yes please complete below

Yes No

If yes please complete below

(a) Show date(s)

(b) Convictions codes

(c) Amount of fine

(d) Any suspension?

Health

State details of any physical defect or infirmity (e.g. defective vision or hearing, disease of the heart, diabetes, epilepsy or loss of limbs or use thereof) affecting any driver who may drive. If none, please state NONE.

Details

Insurance History and Use

Have you or any other persons who may drive been refused insurance or been the subject of additional terms or conditions?

Yes No

If yes please comment below

Yes No

If yes please comment below

What is the intended nature of use? (Please tick box as appropriate)

S, D & P Commuting

Business use - Class 1 Class 11

Commercial Travelling

S, D & P Commuting

Business use - Class 1 Class 11

Commercial Travelling

Declaration (Important - It is essential that you sign and date the declaration below)

1. I declare that to the best of my knowledge and belief the answers are complete and true in every respect.
2. This form and the information contained therein shall be considered as incorporated within declaration of the original proposal for insurance.
3. If the answers to all or any of the questions have been completed by another at my diction or instruction I confirm that I have read and agreed with such answers.

Driver's Signature

Policyholder's Signature

Date

PLEASE RETURN THIS FORM TOGETHER WITH THE LICENCE CHECK CODE (for UK licence holders, available from gov.uk) OR A COPY OF THE DRIVING LICENCE(S) TO YOUR LOCAL CLEGG GIFFORD OFFICE.

OFFICE USE ONLY

Client Code

Premium Adj.

Staff Initials

Date