|  |  |  |  |
| --- | --- | --- | --- |
| **Policyholder’s Name** |  | **Policy Number**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Driver 1** | **Driver 2** | **Driver 3** |
| Full name |  |  |  |
| Marital status |  |  |  |
| Date of birth |  |  |  |
| Country of birth |  |  |  |
| Years resident in U.K. |  |  |  |
| Occupation |  |  |  |
| Type of licence held *(delete as applicable)* | Full/Provisional UK/Other | Full/Provisional UK/Other | Full/Provisional UK/Other |
| How long licence held |  |  |  |
| Date test passed |  |  |  |
| Have you ever been convicted of any motoring offences, or is any prosecution pending? If none, please state ‘none’ |  |  |  |
| Detail all accidents or losses in the past three years in connection with any vehicle driven or owned by you, whether to blame or not. If none, please state ‘none’ |  |  |  |
| Give details of any physical defects, infirmities or mental illness, impaired sight or hearing, epilepsy or diabetes.If none, please state ‘none’ |  |  |  |

I declare that the answers given above are true to the best of my knowledge and belief, and that no information has been withheld by me that might influence the Underwriters acceptance and assessment of this Insurance, and to accept a policy subject to terms, conditions and exceptions contained therein.’

|  |  |  |  |
| --- | --- | --- | --- |
| **Policyholder’s signature** |  | **Date**  |  |
| **Driver’s Signature (1)** |  | **Date** |  |
| **Driver’s Signature (2)** |  | **Date** |  |
| **Driver’s Signature (3)** |  | **Date** |  |

Please submit this form with a copy of the driving licence for each additional driver concerned. The copy driving licence must be signed by the policyholder to confirm that the original has been presented to the policyholder.