



Incorporating Motorcade insurance

| | |
|----------------|---------------|
| Insured's Name | Policy Number |
|----------------|---------------|

ADDITIONAL DRIVERS FORM

| | |
|-----------------------------|--|
| Salutation | |
| Surname | |
| First Name(s) | |
| Home Address | |
| Telephone Number | |
| Date Of Birth | |
| Nationality | |
| Years Resident in the UK | |
| Type Licence Held | |
| Length Of Time Licence Held | |
| Full Time Occupation | |
| Part Time Occupation | |
| Married/Single | |

BADGE DETAILS

| | | |
|--------------|---------------------|---------------------|
| Badge Number | Date Badge Obtained | Licensing Authority |
| | | |

ACCIDENTS/LOSSES IN CONNECTION WITH ANY MOTOR VEHICLE DURING THE LAST 5 YEARS

Have you or any other persons who may drive had any accidents, claims or losses with any motor vehicle during the past 5 years irrespective of liability

Yes No (If Yes Please Complete Below)

| Incident Date | Circumstances | Own Costs | Third Party Costs | Settled Fault/Non Fault |
|---------------|---------------|-----------|-------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |

CONVICTIONS, OFFENCES & PROSECUTIONS

Have you or any person who may drive ever been convicted, or has a prosecution pending for any motoring or non-motoring offence

Yes No (If Yes Please Complete Below)

| Incident Date | Conviction Date | Conviction Code | Penalty Points | Length Of Ban |
|---------------|-----------------|-----------------|----------------|---------------|
| | | | | |
| | | | | |
| | | | | |

HEALTH

State details of any physical defect of 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, state NONE

| | |
|---------|--|
| Details | |
|---------|--|

DECLARATION (Important – it is essential that you sign and date the declaration below) Thank you

- I declare that to the best of my knowledge and belief the answers are complete and true in every respect.
- This form and the information contained therein shall be considered as incorporated within declaration of the original proposal for insurance.
- 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.

| | | |
|-----------------------------|---------------------|------|
| Additional Driver Signature | Proposers Signature | Date |
|-----------------------------|---------------------|------|