

DRIVER'S APPLICATION FORM

To be submitted with copies of the appropriate driving licences
(All questions must be answered **FULLY**; dashes are **NOT** acceptable)

Insured		Document No.	
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Full Name

Date of Birth

How long have you been in the sole and permanent employ of the insured?

Do you hold a full ordinary United Kingdom driving licence?

Date test passed?

What type of HGV/PSV Licence do you hold?

Date test passed

HGV		PSV	
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Have you driving experience in the UK for the type of vehicle to be driven? If Yes – how long?

Have you continental driving experience for the type of vehicle to be driven? If Yes – how long?

Have you been involved in any accident in the last 3 years? If Yes – please provide details

I declare that I do not suffer from any disease, physical or mental infirmity which impairs my ability to drive and have not during the past 5 years be convicted of (nor have I any pending) any of the following motoring offences:- manslaughter, causing death by dangerous driving, dangerous or reckless driving, driving under the influence of alcohol or drug, failing to stop after an accident, any offence or combination of offences which resulted in suspension of driving.

Signature of Additional Driver		Date	
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Signature of Proposer	
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WARNING: IF YOU ARE IN ANY DOUBT ABOUT PARTICULAR FACT(S) BEING MATERIAL TO THIS INSURANCE YOU SHOULD DISCLOSE IT/THEM. FAILURE TO DISCLOSE ALL MATERIAL INFORMATION MAY RESULT IN THIS INSURANCE BEING VOID FROM THE DATE OF ACCEPTANCE LEAVING YOU

WE RESERVE THE RIGHT TO DECLINE ANY APPLICATION FORM