

## **DRIVER FORM**

## IT IS ESSENTIAL THAT ALL QUESTIONS ARE FULLY ANSWERED (TICKS OR DASHES ARE UNACCEPTABLE)

| 1  | Policyholder:   | Policy Number:    |           |          |
|----|---|-------------------|-----------|----------|
| 2  | Full name of Driver   |                   |           |          |
| 3  | Date of Birth (DD/MM/YYYY)  |                   |           |          |
| 4  | Is the driver a full time employee?   | ,                 | YES       | NO       |
|    | If YES – please give date of commencement of employment.  |                   |           | 1        |
|    | If NO – please give reason for adding the driver to this policy   |                   |           |          |
| 5  | Number of years of continuous residence in the UK   |                   |           |          |
| 6  | Give date of passing the relevant driving tests:  | Class B           |           |          |
|    |   | Class C1          |           |          |
|    |   | Class C           |           |          |
|    |   | Class C+F         |           |          |
|    |   | Class D           |           |          |
|    |   | Class D1          |           |          |
| 7  | If EU/Licence, has a UK Licence been Applied for or Issued?   | ,                 | YES       | NO       |
|    |   |                   | ion Date: |          |
|    |   | Issue Da          | te:       |          |
| 8  | If a non EU or UK Licence, has a UK licence been applied for  | ,                 | YES       | NO       |
|    | or Issued?  | Application Date: |           |          |
|    |   | Issue Date:       |           |          |
| 9  | Where has the driver attained the relevant driving  | From              | То        | Employer |
|    | experience? Give dates and if relevant the name of the employer and dates of employment covering at least 3 years |                   |           |          |
|    |   |                   |           |          |
|    |   |                   |           |          |
|    |   |                   |           |          |
|    |   |                   |           |          |
|    |   |                   |           |          |
|    |   |                   |           |          |
| 10 | Has the additional driver had any accidents, thefts or losses   | YES               |           | NO       |
|    | (whether covered by the insurance or not and regardless of  |                   |           |          |
|    | blame) during the past 5 years? If YES please give full   |                   |           |          |
|    | details including costs.  |                   |           |          |
|    |   |                   |           |          |
|    |   |                   |           |          |
|    |   |                   |           |          |
|    |   |                   |           |          |
|    |   |                   |           |          |



| 11  | Has the additional driver ever been disqualified from driving OR in the past 5 years been convicted of any offence concerned with a motor vehicle OR, is any police enquiry or prosecution pending. State offence, date, penalty and period of suspension? If YES state offence, date, penalty period of suspension. | YES | NO NO |  |  |
|---|--|-----|-------|--|--|
| 12  | Has the additional driver been diagnosed with any physical or mental condition which may impair their ability to drive? If 'YES' has a General Practitioner declared you fit to drive or has the condition been reported to the Driver Licence Authority who have continued to issue a licence?                      | YES | NO    |  |  |
| 13  | Has any motor insurance ever been declined, cancelled or refused or has an increased premium been charged, or any special terms imposed? If YES please give full details.  | YES | NO    |  |  |
| 14  | Does the driver hold a valid CPC (Driver Certificate of Professional Competence)?  (This is required by law if driving a Coach, Bus or Lorry in the UK or any EU member state)   | YES | NO    |  |  |
| I/we declare that to the best of my/our knowledge and belief, the above statement and answers are true and complete and that I/we have not withheld any material information. I/we hereby agree that this supplementary declaration shall, in conjunction with my/our original proposal, be the basis of the contract between me/us and Blagrove Underwriting Agency Ltd in respect of the current motor insurance policy I/we have in place with them. |  |     |       |  |  |
| Date  | e: Signature of Insured:   |     |       |  |  |
|   | Full Name of Signatory:  |     |       |  |  |
|   | Role within the Insured Company:   |     |       |  |  |



## Licence Requirements for Vehicles Being Driven

| Vehicle Type   | Licence Required |
|--|------------------|
| Any Private Car ex Hire & Reward                     | В                |
| Any Private Car Inc Hire & Reward                    | В                |
| CVs under 3.5ton with a trailer up to 750kg          | В                |
| CVs between 3.5ton-7.5ton with a trailer up to 750kg | C1               |
| CVs between 3.5ton-7.5ton with a trailer over 750kg  | C1 + E           |
| CVs over 7.5ton with a trailer up to 750kg           | С                |
| CVs over 7.5ton with a trailer over 750kg            | C + E            |