

# COLIN HOLMES & ASSOCIATES

Artillery House, 121 Lynchford Road, Farnborough, Hants GU14 6ET

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## ADDITIONAL DRIVER FORM

IMPORTANT NOTICE: We advise you to answer all questions accurately to the best of your knowledge. Please note that as the answers you give here will be used to amend a policy, you MUST disclose all material facts that are likely to affect the policy terms. Please complete a Form for each additional driver you wish to be added to your policy.

### Insured's Details

- 1 Insured's Full Name
- 2 Policyholder (if different from (1) above)
- 3 Policy No.

### Additional Driver Details

- 4 Title
- 5 Forename(s)
- 6 Surname
- 7 Gender: **Male / Female**
- 8 Date of Birth    /    /                      Age
- 9 Marital status
- 10 Full address including postcode
- 11 Full-time occupations(s)  
Nature of Employer's Business  
(Please be precise with your description(s). If unemployed, please state nature of previous employment.)
- 12 Part-time occupations(s)  
Nature of Employer's Business  
(Please be precise with your description(s).)
- 13 Type of current driving licence held: **Full / Provisional / Triennial**
- 14 How long has current driving licence been held (in years)?
- 15 Country of issue of current driving licence?
- 16 How long have you been resident in the UK (in years)?
- 17 Do you own any other vehicles? **Yes / No**  
If Yes, how many other vehicles are owned or used by you and members of your household?  
Please give details, name of insurer(s) and policy no(s).  
NCD years earned on other vehicles
- 18 Do you have use of a company vehicle? **Yes / No**  
If Yes, how many other company vehicles are used by you and members of your household?  
Please give details, name of insurer(s) and policy no(s).  
NCD years earned on company vehicles
- 19 Have you regularly been driving in the UK for the past 3 years? **Yes / No**
- 20 Relationship to Policyholder
- 21 Are you a smoker? **Yes / No**
- 22 Are you teetotal? **Yes / No**
- 23 Will you be the main driver? **Yes / No**  
If No, who is the main driver?
- 24 Will you use the vehicle(s) covered by the above policy:
  - a) For commuting? **Yes / No**
  - b) For business purposes? **Yes / No**  
If Yes, whose business?
  - c) For the selling of goods or services? **Yes / No**

**25** Has any company or underwriter at any time in respect of motor insurance declined to insure you, cancelled or voided your policy or refused to renew? **Yes / No**  
 If Yes, give details, name of insurer and policy no.

**26** Please give details of any motoring convictions, prosecutions pending or police enquiries outstanding (including fixed-penalty offences) in the last five years

Date	Conviction Code	Conviction Fine	Disqualified?	Penalty Points	Notes/Details
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		
			Yes / No		

**27** Have you had any criminal convictions (or been charged with a criminal offence but have not yet been tried)? **Yes / No**

If Yes, please give details, including penalties

**28** Please give details of any accidents, thefts or losses you have incurred (whether covered by insurance or not and regardless of blame)

Date	Claim Type	Amount	NCD Affected?	Description
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	

**29** Please give details of any medical conditions or disabilities

Details	DVLA advised?
	Yes / No
	Yes / No
	Yes / No
	Yes / No
	Yes / No

**30** Notes/Additional Information

Declaration

I hereby declare that to the best of my knowledge and belief the statements and particulars above are true and correct and that I have not withheld any material information whether the subject of a question or not. I understand that failure to disclose all facts known to me which would be considered by the insurer as likely to influence assessment or acceptance of the cover required could render the policy inoperative. I agree that the statements and particulars above shall in conjunction with the original proposal form the basis of the contract between the policyholder and the insurer.

Signed \_\_\_\_\_ Dated \_\_\_\_\_