

# Driver Application Form

<b>Policyholder:</b>	[ENTER POLICYHOLDER NAME.]	<b>Policy Number:</b>	[ENTER POLICY NO.]
----------------------	----------------------------	-----------------------	--------------------

Additional Driver Details:

Full Name:	[ENTER DRIVER NAME]		Date of Birth:	[ENTER D.O.B.]
Full <b>driving licence</b> type:	Full UK / Full EU / Full International	Full <b>driving licence</b> test pass date:	[ENTER DATE]	
PSV Licence Test Date?	[ENTER DATE/ N/A]	HGV Licence Test Date:	[ENTER DATE/ N/A]	
Details of medical conditions or disabilities which impair the ability to drive:	[ENTER DETAILS/ N/A]			
DVLA <b>Driving Licence</b> restrictions applied?	[ENTER DETAILS / N/A]			

Previous insurance provider ever declined, cancelled, voided a policy or imposed special terms?	[YES / NO]
Any unspent non-motoring-related criminal convictions?	[YES / NO]

Motoring accidents in the last 3 years in any vehicle:	[YES / NO]	Details:	
Convicted and pending motoring convictions in the last 5 years:	[YES / NO]	Details:	

Driver Signature:	[YES / NO]	Date:	[ENTER DATE]
<b>Policyholder</b> Signature:	[YES / NO]	Date:	[ENTER MONTHS & YEARS.]

### IMPORTANT

- Failure to disclose all material information may result in this **policy** being void of all cover from the start date of this period of insurance.
- **We** reserve the right to decline any application form.

