

**ENSIGN MOTOR POLICIES  
ADDITIONAL DRIVER'S FORM**

**All questions must be answered in full; dashes are not accepted by Underwriters**

Policy No: .....

Policyholder .....

**1. Employer Details:**

Employer's name:	
Employer's Address:	----- ----- ----- -----

Is this driver in your sole and permanent employment?      Yes ( ) No ( )

If the answer to the above question is no, please state the contractual relationship between you and the driver

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**2. Driver Details:**

Surname:	-----
Forename:	-----
Private Address:	-----
Date of Birth:	-----
How many years Resident in the UK:	-----
Please state nature of employment and type of vehicle to be driven:	-----
What class of licence do you hold? i.e. PSV/HGV	-----
At what date did you pass each test?	-----

**3. Details of Previous Professional Driving Experience:**

Period	Employer	UK/Green Cards

**4. Motoring Convictions/Medical History/Insurance History:**

Have you ever?

- a) been convicted of a motoring offence or have a prosecution pending, or sustained a fixed penalty resulting in an endorsement of the licence which is still force.      Yes ( ) No ( )

If Yes provide details on the next page in the space provided:-

Date of Offence	Date of Conviction	Offence Code	Penalty Points	Licence Endorsed?	If alcohol related state reading in m'grams/m'litre	Length of Ban Yrs/Mths	Did Accident Occur?
				Yes/No			Yes/No
				Yes/No			Yes/No
				Yes/No			Yes/No

b) an uncorrected defect in vision or hearing, physical or mental infirmity or suffered from diabetes, epilepsy or any heart complaint  
Yes ( ) No ( )

Receiving treatment now	Description of disability/condition	Date Diagnosed	Advised DVLA at Swansea
Yes/No			Yes/No
Yes/No			Yes/No
Yes/No			Yes/No

Are you now, or have you ever been, insured in respect of any motor vehicle? Yes ( ) No ( )

Have you ever been refused insurance at normal terms? Yes ( ) No ( )

If Yes please provide details:-

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**5. Accidents, claims or losses**

**Have you been involved in any accidents, claims or losses during the last 5 years** (please use separate page if required).  
Yes ( ) No ( )

Date of Accident	Details of Accident	Cost of Own Damage	Cost of Third Party Damage

Declaration:

I/We declare that the above statements and particulars which I/We have read over and checked are true and that no information has been withheld which might increase the risk or influence acceptance by Underwriters and that this driver's application form shall be held to be promissory and form the basis of contract between me/us and Underwriters. I/We further undertake that in the event of there being any change in the statements above made, I/We shall give immediate notice to Underwriters.

Signature of Driver

Date

Signature of Employer

Date

Please provide copies of driving licences with this driver's form.

**Underwriters reserve the right to decline any proposal submitted, or to request any additional information as they see fit.**