



Name of Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_ Registration No: \_\_\_\_\_

**All questions must be answered fully  
PLEASE USE BLOCK LETTERS**

## Additional Drivers Form

**Drivers:** give the following information in respect of **all additional persons** who to your knowledge will or may drive...

|    |  |  |   |          |         |
|----|--|--|---|----------|---------|
| 1  | Full Name of Additional Driver   | Mr/Mrs/Miss/Ms   | Mr/Mrs/Miss/Ms  |          |         |
| 2  | Marital Status   |  |   |          |         |
| 3  | Address (in full, including postcode)  |  |   |          |         |
| 4  | Date of birth (day, month, year)   |  |   |          |         |
| 5  | Occupation(s) (state nature of business)   |  |   |          |         |
| 6  | Car Licence Type (delete as applicable)<br><b>(Please provide a photocopy of each additional driver's licence)</b><br>Month & year driving licence obtained  | Full / Provisional / International   | Full / Provisional / International                            |          |         |
| 7  | Relationship to the Insured (eg Spouse, Daughter, Employer)  |  |   |          |         |
| 8  | How often will this driver use the vehicle (delete as applicable)<br><b>If Temporary Period please give dates cover is required.</b>   | Temporary Period / Occasional User / Regular User / Main User                                | Temporary Period / Occasional User / Regular User / Main User |          |         |
| 9  | Has any driver...<br>Had any motoring accident or loss or made any motor insurance claim in the last 4 years?<br><br>Been issued with a fixed penalty ticket (other than parking) or been convicted of, or received a police caution for, any motoring offence or other criminal offence?<br><br>Any prosecution pending or any fixed penalty ticket in dispute?<br><br>Ever been refused insurance or had any special conditions imposed? | If the answer to any of the questions below is <b>Yes</b> please give further details below. |   |          |         |
|    |  | Yes / No   | Details   | Yes / No | Details |
|    |  | Yes / No   |   | Yes / No |         |
|    |  | Yes / No   |   | Yes / No |         |
|    |  | Yes / No   |   | Yes / No |         |
| 10 | Does any driver have any disability which could affect the ability to drive?   | Yes / No   |   | Yes / No |         |
| 11 | If this driver is under 25 and the main user of a car insured under a different NFU Mutual policy please state policy No.  | Yes / No   |   | Yes / No |         |

Do you or your family own or make regular use of any car(s) not proposed for or already covered by this policy (e.g. a Company car or one insured elsewhere)? Yes  No   
If 'Yes', please give full details on reverse of form.

I/we, the undersigned, declare that to the best of my/our knowledge and belief the information given in this Additional Drivers Form which I/we have read over and checked, is true and complete.

**Signature of Insured**

**Date**

*Please be sure to declare anything that you consider may affect your insurance to ensure that your policy cover is maintained. If you are uncertain of what constitutes a conviction or infirmity, please contact this office for advice.*