



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) <b>(Please provide a photocopy of each additional driver's licence)</b> 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) <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... Had any motoring accident or loss or made any motor insurance claim in the last 4 years?  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?  Any prosecution pending or any fixed penalty ticket in dispute?  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.*