



CONVICTION QUESTIONNAIRE

Policyholder:

Policy No:

Name of Driver:

Date of Birth:

Please answer the following to the best of your knowledge and belief.

**Delete as necessary*

- 1) **Have you ever been convicted of any motoring/criminal offence? Yes/No***
if Yes, please advise:-

a) **Type of conviction:**

b) **Date of conviction:**

c) **Fine imposed, if any:**

d) **Ban imposed, if any: months**
if banned, date licence returned:

e) **Was any imprisonment imposed: Yes/No*, if so, for how long? months**

f) **Was the conviction as a result of an accident: Yes/No***
If so, did the accident result in a Personal Injury claim? Yes/No*

If the conviction was in respect of driving whilst under the influence of drink, please also answer the following:

1) **Please advise the level of alcohol in the following:**

a) **Blood: milligrams**

b) **Urine: milligrams**

c) **Breath: milligrams**

I declare to the best of my knowledge and belief the above statements and statements are true and correct. I understand that failure to disclose all facts known to me which would be considered by the Insurer as likely to influence the assessment and acceptance of a risk could render the Policy inoperative. (Note: Where there is any doubt whether facts would be considered material, those facts should be disclosed)

Signed:

Date: