

ADDITIONAL DRIVERS FORM

Policyholder: _____ Policy Number: _____
 Email: _____ Registration: _____
 Home Number: _____ Mobile Number: _____

1. Please give details of the additional driver. It is your responsibility to obtain accurate information from this Driver.

Mr/ Mrs/ Miss/Ms	Full Name	Date of Birth	Licence Type (e.g. Full or Provisional) and Country of issue	Month & Year Obtained	Occupation
		DD / MM / YY		MM / YY	

Is this Driver a Temporary or Permanent Addition? If Temporary state Period From DD / MM / YY to DD / MM / YY
 If Permanent will this Driver be the Main User? **Yes** **No**

Please send in a copy of the front and back of the licence for this driver or bring the licence with you

2. Has this driver:
- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| a) any disease, physical or mental disability, loss of limb or eye, defective vision or hearing?
If so, has the disability been declared to the appropriate Licensing Authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) ever been refused insurance, had insurance cancelled, declared void
(as though it never existed) or had renewal declined, or had any special terms or
conditions imposed? | <input type="checkbox"/> | |
| c) ever been declared bankrupt, or been the subject of bankruptcy proceedings,
court judgements, or made arrangements with creditors? | <input type="checkbox"/> | |

If you have ticked any of the shaded answer boxes in 2 then please provide details below

3. Has this driver had a motoring accident or loss or made any motor insurance claim
 (including personal injury) or had any motor claim made against them in the last five years? **Yes** **No**

If you have answered 'YES' to 3. please complete the details below

Date of Incident	Description of incident	Amount Paid	Was the driver judged to be at fault?	
DD / MM / YY		£	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DD / MM / YY		£	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. Has this driver:

Yes No

a) ever been convicted of, or charged with (but not yet tried), or received a police caution for any motoring offence (other than for a parking offence)?

b) ever been convicted of, or charged with (but not yet tried), or received a police caution for any other criminal offence (not related to motoring)?

If you have ticked any of the shaded answer boxes in 4. please also complete Conviction Questionnaire(s) available at www.islands.je

I the undersigned hereby declare that to the best of my knowledge and belief that the information given above is true and complete.

Policyholder's Signature: _____ Date: _____

Please be sure to declare all material facts, if you are unsure then please ask Islands insurance for advice.