

HOMEFLEET ADDITIONAL DRIVER FORM



Policyholder	<input type="text"/>	Policy number	<input type="text"/>
Broker	<input type="text"/>	Cover start date	<input type="text"/>

COMPLETING THIS FORM

Please complete this form in BLOCK CAPITALS. You must give full and true answers to all questions. 'YES' OR 'NO' answers must not be left blank. If you need more space for any of the answers, please continue on an additional sheet.

THE ADDITIONAL DRIVERS

You must provide a copy of each driver's licence. If we do not receive the copy within 30 days of cover incepting we may, at our option, remove that driver from or cancel the policy.

	Driver 1		Driver 2		Driver 3	
Name						
Age and date of birth						
Relationship to policyholder						
Home postcode, if different from policyholder's given address						
Marital status						
Nationality						
Years resident in the United Kingdom						
Licence type(s) <input checked="" type="checkbox"/>	Prov. <input type="checkbox"/> Motorcycle <input type="checkbox"/>	Full car <input type="checkbox"/> HG V <input type="checkbox"/>	Other <input type="text"/>	Prov. <input type="checkbox"/> Motorcycle <input type="checkbox"/>	Full car <input type="checkbox"/> HG V <input type="checkbox"/>	Other <input type="text"/>
Issuing country						
How long held?						
Registration number(s) of vehicle(s) driven regularly						
Occupations including part time and voluntary work - give full details						
Uses	<input checked="" type="checkbox"/>	Annual mileage	<input checked="" type="checkbox"/>	Annual mileage	<input checked="" type="checkbox"/>	Annual mileage
Social, domestic & pleasure excluding commuting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Social, domestic & pleasure including commuting – travel to and from work	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Your business	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Your employer's business	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Give full details alongside						

[Continue to Insurance history >>](#)

INSURANCE HISTORY

Has any driver named above ever had a motor insurance proposal declined, renewal refused, policy cancelled or avoided or had special terms, excesses or increased premiums imposed?

Yes No

If YES, give full details below, continuing a separate sheet if necessary.

OFFENCES, CONVICTIONS AND BANKRUPTCY

Has any driver named above

- been convicted of any **motoring offence** (other than parking), sustained a fixed penalty which has resulted in the driving licence being endorsed or have a prosecution or enquiry pending? Yes No
- in the last 5 years, received a police caution, been convicted of or charged with but not yet tried for any **non-motor offence** or are any police enquiries pending whether in the United Kingdom or elsewhere? Yes No

You are not required to divulge convictions which are regarded as spent by the Rehabilitation of Offenders Act 1974 and/or any amending or subsequent legislation or orders. If you are unsure about what needs to be divulged, please consult a solicitor or advocate before submitting this form.

- in the last 10 years had County Court Judgments issued against them in England and Wales and/or orders or judgments for debt in other jurisdictions, set up an Individual Voluntary Arrangement (IVA), been disqualified from acting as a company director for any period of time or been declared bankrupt or insolvent? Yes No
- In the last 10 years been a director of a company which has been the subject of an administration order, gone into liquidation, receivership or which has been dissolved? Yes No

If YES, give FULL details below including, for motor offences, the offence code(s), the fine amount(s) and length of any ban.

Name	Date	Details

DISABILITIES AND MEDICAL HISTORY

Do you or any of the drivers to be insured have any of the conditions or disabilities listed below

- An uncorrected defect in vision or hearing? Yes No Any physical or mental infirmity including loss of or restricted limb movement? Yes No
- Heart disease, diabetes or epilepsy? Yes No Any chronic condition requiring notification to the licensing authority? Yes No

If YES to any, give full details below continuing on a separate sheet, if necessary.

Name	Disability or condition	Date of diagnosis	Restricted licence <input type="checkbox"/>

[Continue to Claims record >>](#)

CLAIMS RECORD

Give full details of ALL claims or incidents (including malicious damage) in the last 5 years involving any of the additional drivers regardless of blame and whether insured or not.

NONE

If NONE, tick NONE or provide full details below

	Driver 1	Driver 2	Driver 3
Name			
Date of incident			
Vehicle make and model			
Incident details including any injuries sustained			
Was the no claim bonus affected?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Third party costs, if known	£	£	£
Own damage costs	£	£	£
Were these recovered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

In the last 5 years, have you or any of the drivers named above been involved in a claim for compensation following a motor accident? IF YES, give full details and state whether that person was a driver or a passenger.

Yes No

DRIVING OTHER VEHICLES – social domestic and pleasure use in the United Kingdom

The insured drivers are NOT INSURED to drive other vehicles. This optional extension will provide cover for the drivers named below to drive other vehicles but ONLY for social, domestic and pleasure use in the United Kingdom. See page 12 of the policy for full details of the cover available, the vehicles that may be driven and the basis on which claims will be settled. All excesses, terms, conditions, exclusions and other policy limitations apply. Note: Comprehensive cover is available only if ALL insured vehicles are comprehensively insured.

If cover is required, provide details below .

Driver's name	√ Third party	√ Comprehensive	√ Motorcycles
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> maximum cc <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> maximum cc <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> maximum cc <input type="text"/>

[Continue to the Declarations >>](#)

DECLARATIONS – PLEASE READ CAREFULLY THEN SIGN AND DATE

Drivers' declaration

- I/we declare that the information given and the statements made in this form are to the best of my/our knowledge and belief, true and complete.

Drivers' signatures

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Policyholder's declaration

- I/we declare that the information given and the statements made in this form are to the best of my/our knowledge and belief, true and complete. I/we acknowledge that this form will become part of the completed proposal and its declaration I/we originally completed. I/we will pay the premium when called upon to do so.
- I/we understand that any quotation already given may change when Tradex receives and assesses this completed form. Tradex has the right to impose special terms or decline to provide cover.
- I/we understand that if Tradex do not receive proof of each driver's no claims bonus within 30 days of cover incepting, they will charge an additional premium and may, at their option, cancel the policy.

For your own benefit and protection you should re-read this and your original proposal form carefully before signing below and, if you have any queries, speak to your broker or us.

Policyholder's signature

Full name

Date

If any part of this form has been completed by anyone other than the policyholder, please give the full name of the person who has done so and the relationship to the policyholder e.g. broker, agent, spouse, employee.