

APPLICANT DRIVER CONVICTIONS FORM

Policy / Quote Number: _____

Supplementary form attaching to and forming part of your proposal.

PERSONAL DETAILS (please use block capitals)

Title: Mr Mrs Miss Ms Other:

Surname: _____ Forenames: _____

Address: _____

Postcode: _____ How long at this address? _____ Years

Type of property: House Flat Bedsit Owned Rented

Are you on the electoral roll: Yes No

Have you ever changed your name: Yes No If YES, please provide details: _____

National Insurance No: _____ Driving Licence No: _____

Marital Status: Married Co-habiting Single

Number of children living with you: Male: _____ Ages: _____ Female: _____ Ages: _____

Please provide details of any physical or mental conditions or personal history of drugs/drinks abuse or use of anti-depressants:

FINANCIAL HISTORY

In the last 10 years have you:

had a County Court Judgment issued against you in England and Wales and/or orders or judgments for debts in other jurisdictions, set up an Individual Voluntary Agreement (IVA), been disqualified from acting as a company director for any period of time or been declared bankrupt or insolvent?

Yes No

been a director of a company that has gone into liquidation, receivership, been subject of an administration order, or which has been dissolved?

Yes No

If Yes, give full details including dates, company and trading names. You must also give details of any judgments/orders even those subsequently satisfied

Tradex Insurance Company Limited Victory House, 7 Selsdon Way, London E14 9GL
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CONVICTIONS

Total number of offences: _____

Please complete a separate form for each offence

Case No (if known)	Type of offence	Date of offence	Date of conviction	Type of sentence: Custodial/Non-custodial

Circumstances / Additional information

If Non-custodial, please specify sentence

If custodial:

Length of sentence: _____

Did you qualify for early release: Yes No

Date of release: _____

Was the offence committed in the area
in which you now live: Yes No

What was your occupation at the time of the offence:

How much money was involved: £ _____

If a financial offence was the money repaid: Yes No

DECLARATION

I declare to the best of my knowledge that the information given is correct.

Applicant Driver signature: _____ Date: _____

This form should be completed by the Applicant Driver only.

If any part of this form has been completed by anyone other than the Applicant Driver, please give the reasons why, full name of person who has done so and the relationship to the Applicant Driver.
