

**Additional Drivers Form**

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| **Policy Holder:** |  | | | | | |
| **Policy Number:** |  | | | **Patons Reference:** | |  |
|  | | | | | | |
| **Drivers Name:** |  | | | | | |
| **Full Time Occupation:** |  | | | | | |
| **Other Occupation (If Any):** |  | | | | | |
| **D.O.B:** |  | | **Age:** | |  | |
|  | | | | | | |
| **Do you own a Full UK Driver’s License:**  Please attach a copy of your photo card along with a copy of your Drivers Licence summary. | | **Y / N** | **If YES, how long have you held it for?** | | |  |
|  | | | | | | |
| **Taxi Badge held for:** | |  | | | | |
| **N.I Number or Drivers Summary Code:** | |  | | | | |
| **Driving Licence Number:** | |  | | | | |
|  | | | | | | |
| **Have you…? (Please delete where appropriate)** | | | | | | |
| **Been convicted of any motoring offence or have a prosecution pending for any motoring offence in the last five years, including fines under the Fixed Penalty Offence System?** | | | | | | **Y / N** |
| **In connection with any vehicle owned, used or driven had ANY accident(s) or claim in the last three years, whether or not a claim was made as a result?** | | | | | | **Y / N** |
| **Been convicted of, or charged (but not tried) with a criminal offence?** | | | | | | **Y / N** |
| **At any time been refused insurance or quoted an increased premium or had special terms imposed?** | | | | | | **Y / N** |
| **Ever suffered from defective vision or hearing (not corrected by glasses, contact lenses or hearing aid), heart condition, epilepsy, diabetes, blackout(s), fit(s), or any other physical or mental condition which you must notify to the Driver Vehicle Licensing Agency (DVLA)?** | | | | | | **Y / N** |
| **If 'YES', has the health condition been notified to the Driver Vehicle Licensing Agency (DVLA)** | | | | | | **Y / N** |
| **Been disqualified from driving?** | | | | | | **Y / N** |
| **Been resident outside the UK in the last 3 years?** | | | | | | **Y / N** |
| **If you answered yes to any of the above, please give full details below** | | | | | | |
|  | | | | | | |

**I confirm that to the best of my/our knowledge and belief the above statements are true and complete to the best of my/our knowledge and belief and that no material facts have been withheld, suppressed or omitted. I have also attached a copy of my Photo Card Drivers Licence.**

**Policy Holders Signature: ………………………………………………. Date: / /**

**Drivers Signature: ………………………………………………. Date: / /**