



# ADDITIONAL DRIVER FORM

**Policyholder:**

**Policy Number**

Particulars of Additional Driver

**Cover from** \_\_\_\_\_ : \_\_\_\_\_ Hrs **On** \_\_\_\_\_ **To** \_\_\_\_\_ : \_\_\_\_\_ Hrs **On** \_\_\_\_\_

1. Title Mr Mrs Miss Dr Fr	2. First name	3. Surname	
4. Full Address	5. Daytime phone number	6. Mobile Number	
	7. Date of Birth ____/____/____	8. Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
	9. Occupation(s) (including Part time)		

10. Type of licence(s) held? Full IRISH/UK  Provisional IRISH/UK  Other

*If 'Other' please give details* \_\_\_\_\_

11. Class of licence held (please circle) A A1 B C C1 D D1 EB EC ED ED1 W

12. Date driving test was passed, or first licence was issued? \_\_\_\_/\_\_\_\_/\_\_\_\_

13. Have you resided in IRELAND/UK all your life? Yes  No

*If no, please give details*

14. Does the named driver intend to use the vehicle purely for social and domestic use? Yes  No

*If no, please give details*

15. Has the named driver ever, or does he/she currently, hold insurance in his or her own name? Yes  No

*If yes, please give details, including Insurance company and policy number*

16. Has the named driver ever been refused motor insurance or had a policy cancelled? Yes  No

*If yes, please give details*

17. Does the named driver suffer from any conditions which must be reported to the Driver Licensing Authorities? Yes  No

*If yes, please give details*

**Please turn over for further questions and signature**



**Please return to: 3 Lawnakilla Way, Carran Business Park, Enniskillen, Co Fermanagh, BT74 4RZ**

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18. Has the named driver ever been convicted of any motor offences, ever been disqualified from driving, or have any prosecutions / convictions pending within the last 5 years? Yes  No   
*If yes, please give details*

19. Has the named driver received any penalty points, or have any penalty points pending within the last 5 years? Yes  No   
*If yes, please give details*

Date	Conviction / Penalty Point Code	Conviction / Penalty Description	No. Penalty Points	Date Licence Endorsed

20. Has the named driver had any accidents, losses or claims, regardless of blame within the last 3 years? Yes  No   
*If yes, please give details*

Date of Accident	Description of Accident	Claim Cost / Estimate	Claim Status (Open / Closed)

21. If you have already received an indication quote, would you like cover to begin upon receipt of this? Yes  No

22. Has the named driver ever been convicted of a non motor conviction involving dishonesty, fraud or arson or have any prosecutions pending? Yes  No

Driver's Name	Date	Non Motoring Conviction

**Please submit a copy of the front and back of named drivers driving licence and counterpart with this form**

**Declaration of Policyholder**

I/we declare that to the best of my/our knowledge and belief the above statements, made by me or on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed.

I/we agree that this declaration shall in conjunction with my/our original proposal, be incorporated in and taken as the basis of the contract between me/us and Quinn-direct Insurance.

Signature of Policyholder \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Daytime Contact Number of Policyholder \_\_\_\_\_

**You MUST include a daytime contact number to avoid any delays in processing your request**

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