

## Drivers Declaration

Name of Policyholder

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- 1) Name: \_\_\_\_\_
- 2) Date of Birth \_\_\_\_\_
- 3) Occupation \_\_\_\_\_
- 4) Date obtained a Full British driving licence. \_\_\_\_\_
- 5) Have you driven regularly During the past 12 months? \_\_\_\_\_
- 6) Details of any drink driving Convictions, including:
  - Date of offence \_\_\_\_\_
  - Length of ban & or fine \_\_\_\_\_
  - Result of accident/spot check \_\_\_\_\_
  - Blood/alcohol level \_\_\_\_\_
- 7) Details of any other motoring Convictions in the last 5years. If none please state "none"  
\_\_\_\_\_
- 8) Details of any accidents in past 3 Years. If none please state "none" \_\_\_\_\_
- 9) Do you suffer from any physical Defect or infirmity? If so Please give details \_\_\_\_\_
- 10) Have you ever been refused motor Insurance on normal terms? If so Please state reason \_\_\_\_\_

I declare that the above statements are, to my knowledge and belief, true.

Date: ..... Signature .....