

Additional Drivers

Form

- When completing this Form, please answer all questions using BLOCK CAPITALS.
- It is essential that all questions are fully answered (ticks or dashes are unacceptable)

Important Note

You are under a duty to make a fair presentation of the risk to us before the inception, renewal and alteration of your policy. This means that you must tell us about and/or provide to us all material information or tell us and/or provide to us sufficient information to alert us of the need to make further enquiries to reveal such material information. This information needs to be provided in a clear and accessible manner.

Material facts are those which are likely to influence us in the acceptance of the terms or pricing of your policy. If you have any doubts as to whether any information is material you should provide it to us.

Failure to disclose any material fact may invalidate your policy in its entirety or may result in your policy not responding to all or part of an individual claim or class of claims.

In order to comply with your duty to make a fair presentation you must also have conducted reasonable searches for all relevant information held:

- within your business (including that held by your senior management and anyone who is responsible for your insurance); and
- by any other person (such as your broker, intermediary or agent or a person for whom cover is provided by this insurance)

A Insurer's Details

Insured's Full Name

Policy Number

B Details of Additional Persons who will Drive your Vehicle

(Drivers under 25 years of age will be excluded unless disclosed)

	Driver 1	Driver 2	Driver 3												
a Full Name of Driver	<input type="text"/>	<input type="text"/>	<input type="text"/>												
b Sex (M/F)	<input type="text"/>	<input type="text"/>	<input type="text"/>												
c Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>												
d Age	<input type="text"/>	<input type="text"/>	<input type="text"/>												
e Precise occupations full and part time. State nature of employers business. If unemployed state nature of previous employment.	<input type="text"/>	<input type="text"/>	<input type="text"/>												
f Type of current driving licence held; full, provisional or triennial and period held. State country of issue if not U.K.	<table><tr><td>Type</td><td>_____</td></tr><tr><td>Years</td><td>_____</td></tr></table>	Type	_____	Years	_____	<table><tr><td>Type</td><td>_____</td></tr><tr><td>Years</td><td>_____</td></tr></table>	Type	_____	Years	_____	<table><tr><td>Type</td><td>_____</td></tr><tr><td>Years</td><td>_____</td></tr></table>	Type	_____	Years	_____
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Type	_____														
Years	_____														
g How long resident in U.K.?	<input type="text"/>	<input type="text"/>	<input type="text"/>												

B Details of Additional Persons who will Driver your Vehicle – continued

<p>h Does this driver own or have use of any other vehicle – including any company car? If yes, give details and name of insurers, branch and policy number.</p>			
<p>i Relationship to You.</p>			
<p>j Is this driver a Non-Smoker? YES/NO Is this driver teetotal? YES/NO</p>			
<p>k If you are not the main driver, state who is.</p>			
<p>l Has any company or underwriter at any time in respect of motor insurance declined to insure the driver, cancelled or avoided his/her policy or refused to renew? If yes, give details and name of insurers, branch and policy number.</p>			
<p>m Has the additional driver:</p>			
<p>a had any motoring convictions in the last 5 years or are there any prosecutions pending or police enquiries outstanding (including fixed penalty offences)? If yes, give dates, details of convictions, offence codes, fines, disqualification periods and points.</p>			
<p>b had any criminal convictions (or been charged with a criminal offence but not yet tried)? If yes, give details including penalties.</p>			
<p>n Have there been any accidents, thefts or losses (whether covered by insurance or not and regardless of blame) during the past</p>			
<p>o Has the additional driver any medical losses (whether covered by insurance or condition)? If yes, give details including nature of complaint and years stabilised if appropriate. State whether or not reported to DVLA and if his/her driving licence is restricted as a result</p>			

C Data Protection and Declaration

The proposer must read and complete this section.

Motor Insurance Database (MID)

Information relating to your policy will be added to the Motor Insurance Database (MID) managed by the Motor Insurers' Bureau (MIB). MID and the data stored on it may be used by certain statutory and/or authorized bodies including the police, the DVLA, the DVANI, the Insurance Fraud Bureau and other bodies permitted by law for purposes not limited to but including:

- Electronic Licensing;
- Continuous Insurance Enforcement;
- Law enforcement (prevention, detection, apprehension and or prosecution of offenders);
- The provision of government services and or other services aimed at reducing the level and incidence of uninsured driving.

If you are involved in a road traffic accident (either in the UK, the EEA or certain territories), insurers and or the MIB may search the MID to obtain relevant information.

Persons (including his or her appointed representatives) pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on MID.

It is vital that the MID holds your correct registration number. It is our responsibility to update your policy to the MID. We fully comply with the agreements in place with the MIB to update your details within seven days, however it is important that you check your policy documents, ensuring that the registration number is recorded correctly.

If it is incorrectly shown on the MID you are at risk having your car seized by the Police. You can check that your correct registration number is shown in the MID at www.askMID.com. If the registration number is not shown correctly on your policy documents, or you cannot find your car on the MID, please contact us immediately.

Choice of Law

Under European Law, you and we may choose which law will apply to this contract. English Law will apply unless both parties agree otherwise. We have supplied this Agreement and other information to you in English and we will continue to communicate with you in English.

Declaration

I/We declare that:

- a if any answer has been printed or written by any other person, he/she shall be my agent for that purpose. I also confirm that any data which I have supplied in this form about other persons is given with their knowledge and authorisation
- b to the best of my/our knowledge and belief the information given in this form is correct and complete in every detail
- c I/we accept and conform to the terms, conditions and exceptions of the policy (a specimen of which is available on request) in the standard form issued by the Company for the Insurance now proposed and I will pay the premiums thereon.
- d I/we consent for my appointed broker or agency to discuss my personal information with NIG on my/our behalf.

Proposer's Signature

Date

NIG policies are underwritten by U K Insurance Limited, Registered office: The Wharf, Neville Street, Leeds LS1 4AZ.
Registered in England and Wales No 1179980. U K Insurance Limited is authorised by the Prudential Regulation Authority
and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.
Calls may be recorded.

