



DRIVERS DECLARATION FOR:-

COMPANY NAME:

Drivers Name	_____ Date of Birth ____ / ____ / ____				
Occupation	_____				
Vehicles Driven	Motor Car&Light Van	Minibus	Coach&Bus	HGV Rigid	HGV Artic
Type of Licence	Motor Car/Light Van	Minibus(D1)	PCV (D)	HGV2(C)	HGV1(CE)
Full or Provisional	Full / Prov	Full / Prov	Full / Prov	Full / Prov	Full / Prov
UK Licence	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___

1. Have you ever had your licence suspended for any reason? **YES** **NO**
If yes give full details including the breath/alcohol reading in respect of drink driving convictions

2. Have you sustained any driving convictions, which are still in force? **YES** **NO**
If yes give full details

3. Have you been involved in a motor accident or made any claims or sustained any losses including theft in connection with any motor vehicle in the last 3 years? **YES** **NO**
If yes give full details

4. Do you suffer from any medical condition for which DVLA Swansea need to be advised under form D100? **YES** **NO**
If yes give full details and attach a copy of the DVLA acceptance letter

5. Have you ever been refused motor insurance, had a motor policy cancelled or had special terms imposed? **YES** **NO**
If yes give full details

Signed _____ **Date** _____

PLEASE ATTACH A CLEAR COPY OF BOTH SIDES OF YOUR CURRENT DRIVING LICENCE & COUNTERPART IF APPLICABLE TO THIS FORM AND FAX BACK TO 0113 243 8668 FOR REFERRAL TO UNDERWRITERS

FOR OFFICE USE ONLY

Date _____ Terms _____

Terms Agreed With _____ At _____