

## Details of Additional Drivers

**SENNOCKE**

Policy Number \_\_\_\_\_ Name Of Policy Holder \_\_\_\_\_

Details of all persons including yourself who are likely to drive must be given below particularly any drivers under the age of 25.

**Drivers under 25 are automatically excluded unless declared below**

	Name	Date Of Birth	Sex (M OR F)	Married Or Single (M or S)	Occupation Main	Occupation (Any Other)	Number Of Vehicles Currently Owned By Each Driver	Years Held Current Full U.K. Driving Licence	Please Indicated Main Driver(S) With An "X"
1									
2									
3									
4									

Have you or any other person who is likely to drive -

- |  |  |  |
|--|--|--|
| <p>A. Lived outside the United Kingdom in the last 3 years?<br/>Yes/No</p>                 | <p>C. Had any accidents/loss or made any claims in the last 3 years?</p>                           | <p>E. Suffered from any physical defect or infirmity including diabetes, epilepsy or heart complaint? Yes/No</p> |
| <p>B. Had motor insurance refused or cancelled or had special terms imposed? Yes / N o</p> | <p>D. Had any motoring convictions within the last 5 years and/or is any prosecutions pending?</p> |  |

If the answer to any the above questions is YES please give full details:

I declare that I have read the above statement and confirm that they are complete and correct to the best of my knowledge and belief.

Date: \_\_\_\_\_ Policyholders Signature: \_\_\_\_\_