



Temporary/Permanent Additional Driver's Form

Policyholder

Name:

Policy Number: MT/

Address:

Additional Driver's Details

A) Name of Additional Driver:

B) Date of Birth:

C) Relationship to Proposer:

Employee	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Business Partner	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Spouse	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

D) If "Other", please provide further information:

E) Occupation:

(i) For the Insured: _____ Full Time Part Time

(ii) Please provide details of all other sources of income that this proposed Additional Driver has:

1 _____	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>
2 _____	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>
3 _____	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>

F) Does he/she hold a Full Irish/Full EU Licence or a Learner Permit? Full Learner Permit
(Please provide a copy of the licence, front and back, with this form.)

G) Does this driver hold a PSV licence, or has he/she ever held a PSV Licence? Yes No

If "Yes":

(i) Is the PSV Licence valid? Yes No

(ii) Does this driver currently work in the PSV trade? Yes No

(iii) Additional Information (i.e. type of work (taxi driver, bus driver, etc.), employer, etc.):

H) Will the vehicle be used for:

(i) Motor Trade Use only Yes No

(ii) Social, Domestic & Pleasure Use only Yes No

(iii) Motor Trade and Social, Domestic & Pleasure Use Yes No

I) Has this proposed Additional Driver:

(i) ever been convicted of any motoring offence or been warned verbally or in writing of any possible pending prosecution? Yes No

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| (ii) ever been disqualified from driving or had a driving licence suspended or revoked? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iii) ever had a motor insurance policy cancelled or refused or had special terms imposed or had a renewal where terms were not offered / or had a renewal refused | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iv) had any ACCIDENT, LOSS, FIRE or THEFT claim within the last FIVE years, regardless of blame? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (v) ever been convicted of or charged with a CRIMINAL non-motoring offence, or do they have any prosecutions pending? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (vi) received more than 4 (four) penalty points on their driver's licence at the time of cover commencing? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (vii) in the last 10 years been a Director or Partner of a company that went into liquidation or was dissolved or that had judgements entered against it? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (viii) ever notified the NDLS of any notifiable medical condition; or are they aware of any medical condition which should be notified to the NDLS.
(If in doubt, please refer to NDLS guidelines.) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

(Spent convictions do not have to be disclosed, however please be certain that your conviction is spent before omitting it) If you have answered "Yes" to any of the above questions, please provide further information:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| J) Does the proposed Additional Driver own their own vehicle? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If "Yes", does he/she have separate insurance in place for this vehicle? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If "Yes", will he/she maintain this separate insurance for as long as they are named on this MT policy? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Period of Cover for Additional Driver

From _____
To _____

Declarations

Additional Driver:

I warrant that all of the above statements and particulars are true and complete and that I have not suppressed, misrepresented or misstated any material fact.

Signature of Additional Driver: _____

Date: _____

Policyholder:

I hereby declare that, to the best of my knowledge, the above information is true and complete and I agree that this document shall be incorporated into and shall form part of the Insurance contract.

Signature of Policyholder: _____

Date: _____

Broker (pro-forma):

I have verified with the Policyholder and the proposed additional driver that the information contained in this form is correct and I have forwarded a copy of this form to the Policyholder for their records.

Signature of Broker: _____

Date: _____

Duty of Disclosure: It is essential that you answer all questions on this form honestly and in full. Failure to do so may invalidate your Policy or result in your Policy not operating fully. If your Insurance Broker has completed this form on your behalf you must counter the information provided here as untrue as otherwise your failure to correct the details constitutes your acceptance that these details are correct.