

# MOTOR INSURANCE ADDITIONAL DRIVER DECLARATION



**PLEASE NOTE:** Occasionally the information supplied on a motor insurance declaration will not be sufficient for our purposes and a further declaration will be required from the Additional Driver.

**IMPORTANT:** It is an offence under the road traffic law to make a false statement or withhold any material information for the purpose of obtaining a certificate of motor insurance and great care must be taken to ensure that this form is completed correctly in every particular.

**PLEASE WRITE CLEARLY THROUGHOUT  
AND TICK APPROPRIATE BOXES.**  
Please also initial any alterations.

Certificate/Policy No

Mr, Mrs, Ms, Miss

Policyholder's Full Name

Address

Postcode:

Home Telephone No.  Work Telephone No.

Email address

Occupation/Business

## Particulars of the Permanent/ Temporary Additional Driver *(delete as appropriate)*

Mr, Mrs, Ms, Miss

Full Name

Address

Postcode:

Date of Birth

Type of Licence held Full  Provisional  Heavy Goods  Date passed CI/UK driving test

*(please tick)*

Occupation/ Business

Details of residence outside the Channel Islands, UK or Isle of Man in the last 3 years

### 1. Has the additional driver

- (a) in the past 5 years been convicted of any offence in connection with a motor vehicle or is any such prosecution pending? Yes  No
- (b) ever been disqualified from any driving? Yes  No
- (c) ever been convicted of a criminal offence (other than a motoring offence)? Yes  No
- (d) in the past 5 years been involved in any accident or suffered any loss in connection with any motor vehicle? Yes  No
- (e) ever been refused insurance or quoted an increased premium or had special terms imposed? Yes  No
- (f) ever suffered from any heart complaint, diabetes, fits or any other mental infirmity? Yes  No

If you have answered YES to any part of Question 1 please give details in the 'Additional Information' overleaf

### 2. Has the additional driver in the past 5 years

- i) owned a car Yes  No  If YES, state if still owned or give date of disposal
- ii) regularly driven vehicles belonging to others? Yes  No
- If YES, state name of owner and relationship

3. State the approximate number of miles the additional driver has driven in the last 12 months

(a) In the Channel Islands, UK or Isle of Man

(b) Elsewhere

4. Will the additional driver use your vehicle

(a) for business purposes?

Yes

No

If YES, state type of business

(b) for travelling to and from work?

Yes

No

5. (a) State the registration number(s) of the vehicle(s) to be used by the additional driver

(b) % total use of the vehicle(s)

6. Will the additional driver be the MAIN user of the vehicle(s)?

Yes

No

If YES, state registration number(s)

7. Have you confirmed all the above information with the additional driver?

Yes

No

### Additional Information

### Important Note

**Before signing the declaration below please check your answers carefully, particularly if this form is not completed in your own hand.**

The answers you have given to the above questions will usually provide us with sufficient information to enable us to consider this motor insurance declaration. However, because no list of questions can be exhaustive, please consider carefully whether there is any other information known to you which could influence our acceptance and assessment of the risk.

Material information would include any special feature of the vehicle(s), use or the additional driver's history which makes losses more likely to happen, or more serious if they do. Please disclose to us any such information even if you have doubts as to whether it is material or not as failure to do so could invalidate your policy.

### Declaration

I declare that to the best of my knowledge and belief the answers above are true and all material information as explained above has been disclosed.

I agree that if any answer has been written by any other person, such person shall for that purpose be regarded as my agent and not the agent of the Insurers.

Signature  
of Policyholder

Print Name

Date



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