



# RSA Northern Ireland Insurance Limited

## Additional Driver Form

**Policyholder:**

**Policy Number:**

Name of Driver:

Date of Birth:

Category of Driver:  \* Spouse / Named Driver  \* delete as appropriate

Occupation(s):

Type of vehicle(s) to be driven:  
(Please tick those required)

Motorcycle	Car/Vans <7.5t	LGV	HGV	Minibus	Coach	Taxi
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of licence held:  
(Please tick as appropriate)

UK	ROI	EU
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Class(es) of licence held:

Motorcycle A1, A	Car/Vans <7.5t B1, B, C1, C1E	LGV C	HGV CE	Minibus D1, D1E	Coach D, DE	Taxi (PSV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date test passed / licence obtained:

Number of years driving experience in respect of the type of vehicle to be driven:

<input style="width: 100%;" type="text"/>	Years	Number of years driving experience in respect of a private car:	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	Months		Months

Has any insurer ever declined a proposal, cancelled or refused to renew a policy, required an increased premium or imposed special terms or conditions in respect of this driver? If yes, please give full details:

\* YES / NO \* delete as appropriate

Does the driver suffer from defective vision or hearing, diabetes, epilepsy, heart condition or mental infirmity? If yes, please specify:

\* YES / NO \* delete as appropriate

Condition:

If so, have the DVA been advised and issued a licence?

\* YES / NO \* delete as appropriate

Has the driver been involved in any loss, damage and/or injury occasioned by a motor vehicle within the last 3 years? If yes, please specify:

* YES / NO <span style="float: right;">* delete as appropriate</span>	
Accident Date	Circumstances
	Cost of Claim
	Own Damage      Third Party

Has the driver been subject to more than 3 penalty points or a driving disqualification, been convicted for any motoring/criminal offence or have a prosecution pending?

* YES / NO <span style="float: right;">* delete as appropriate</span>				
Conviction Date	Conviction / Offence Code	Fine	Points	Disqualification (months)

**DECLARATION:** I/We declare that the above statements are true and complete to the best of my/our knowledge and belief, and that no material facts or other information have been withheld, misrepresented or suppressed which might increase the risk or influence the granting of Insurance by the Underwriters.

**Signature of Additional Driver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Policyholder:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Underwriters reserve the right to decline any proposal submitted, or to require special terms and conditions of acceptance**