

# Additional Drivers Form



A.R.B. Underwriting is regulated by the Financial Regulator as a Multi Agency Intermediary, acting as a Product Producer. Registered No. 168567 Registered Office: 25/28 North Wall Quay, Dublin 1.

## POLICY DETAILS

Policyholder  Policy No.

## ADDITIONAL DRIVER DETAILS

Title (*Mr/Mrs*) First Name(s)  Surname

Sex  Married  Date of Birth  Date of Residency (*in EU*)  If less than 12 months, country of origin

Address

Occupation (*trade, profession or job title*) including part time

Type of Licence (*full/provisonal/international/PSV etc.*)  Date Licence Obtained

Have you

(a) ever been convicted of any motoring offence or been warned verbally or in writing of any possible pending prosecution?	<input type="checkbox"/>	<input type="checkbox"/>
(b) ever been disqualified from driving or had a driving licence suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
(c) ever had a motor insurance policy cancelled or refused or had special terms imposed?	<input type="checkbox"/>	<input type="checkbox"/>
(d) had any ACCIDENT, LOSS, FIRE or THEFT claim within the last THREE years, regardless of blame? ( <i>if you have answered YES to any of the above questions, give full details below</i> )	<input type="checkbox"/>	<input type="checkbox"/>

Name	Date of Offence or Claim	Date of Conviction	Offence or Claim Details	Sentence, fine and Disqualification period or cost of claim

(e) ever suffered from diabetes, epilepsy, heart disorder, defective vision/ hearing, loss/ loss of use of any limb, or suffer from any mental/physical infirmity?	<input type="checkbox"/>	<input type="checkbox"/>
(f) ever been convicted of a CRIMINAL non-motoring offence?	<input type="checkbox"/>	<input type="checkbox"/>
(g) lived outside of the European Union within the last FIVE years, other than for a holiday? ( <i>if you have ticked answered YES to any of the above questions, give full details below</i> )	<input type="checkbox"/>	<input type="checkbox"/>

Name	Date of onset of condition	Details of Medical Condition ( <i>include medication and amounts</i> )	Date of CRIMINAL conviction	Details of Conviction ( <i>include sentence</i> )

## DECLARATION

I declare that to the best of my knowledge and belief the above statements made by me or on my behalf are true and complete and that nothing material affecting this risk has been concealed.

Driver's signature  Date

I/We declare that to the best of my/our knowledge and belief the above statements made by me/us or on my/our behalf are true and complete and that nothing material affecting this risk has been concealed. I/We agree that this form and declaration shall in conjunction with my/our original proposal be incorporated in and taken as the basis of the contract between me/us and ARB.

Policyholder's signature  Date