

SUPPLEMENTARY DECLARATION IN RESPECT OF ADDITIONAL DRIVERS



Insured's/Proposer's full name.....Certificate Number.....

(a) Full Name (State Mr, Mrs, or Miss)	
(b) Postal Address	
(c) State Country of Birth (if overseas state how long resident in UK)	
(d) Age (State Date of Birth)	
(e) Occupation(s) (Full and Part Time)	
(f) Give details of any conviction or pending prosecution in connection with any motor vehicle and amount of fine including details of any fixed penalty offences. Please state any penalty points or suspensions imposed. If None say "None"	
(g) State how long regularly driving motor vehicles in Great Britain or Ireland. (If only motor cycle or tractor experience please state so).	
(h) State date on which U.K. CAR driving test passed (if provisional licence held state number of times test has been failed) If driving vehicles in excess of 7.5 ton state date HGV driving test passed	
(i) State if suffering from: (1) defective vision or hearing (2) now, or within the last five years, from diabetes, fits or any complaint of the heart (3) any other physical or mental infirmity. If so give details. If None, say "None".	
(j) State Company or Underwriter with whom previously insured in respect of any motor vehicle. If None say "None"	
(k) State if any Company or Underwriter has ever declined, cancelled or refused to renew in connection with the insurance of any motor vehicle or increased the premium or required the first amount of any loss to be borne or imposed any special condition. If No say "No".	
(l) Give details of any accident whilst driving any motor vehicle during the last three years and full cost involved. If None say "None".	

I/WE, the undersigned, do hereby declare and warrant that the above statements and particulars are true and that within my/our knowledge there is no other material fact which should be disclosed.

I/WE hereby agree that this Supplementary Declaration shall, in conjunction with my/our original proposal, be the basis of the contract between me/us and Brit Insurance Limited.

**Insured's/Proposer's signature..... Dated.....
(Not to be signed by the Additional Driver.)**