

	Office Use Only	Policy Number	
	Granite	Authorisation	

Drivers Declaration and Authorisation to Obtain Driver's Details

ADDITIONAL DRIVERS DETAILS

Full Name of Driver

Full Home Address

 Post Code

Date of Birth	<input type="text"/>	Contact Telephone Number	<input type="text"/>
Relationship to the Proposer	<input type="text"/>		
What use is required	<input type="checkbox"/> Business Only	<input type="checkbox"/> Pleasure Only	<input type="checkbox"/> Business & Pleasure

Please state your full time occupation
Please state any part-time occupations

Have you ever held Motor Insurance in your own name YES
 NO

Name of your present or previous Private Motor Insurer	<input type="text"/>	Expiry Date	<input type="text"/>
		Policy Number	<input type="text"/>
		Registration No.	<input type="text"/>

Have you ever been refused Insurance YES
 NO Have you ever had a policy Cancelled YES
 NO

If you have NOT previously held Insurance in your own name:

Please provide details of your driving history (i.e. on whose policy you have driven.)

CONVICTIONS, OFFENCES & PROSECUTIONS

Have you ever been Convicted of any offence or are there any Police enquiries pending? Please disclose ALL convictions **including** non-motoring offences, youth custody orders and service disciplinary proceedings) Offences which have become 'spent' under the terms of the Rehabilitation of Offenders Act 1974 need not be disclosed. Please note, sentences exceeding 30months are never 'spent'

Date of Conviction	Date of Offence	Offence Code	Fine	Ban (Months)	Imprisonment (Months)

PLEASE COMPLETE YOUR DRIVING HISTORY ON THE REVERSE OF THIS PAGE AND SIGN THE DECLARATION

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HAVE YOU BEEN INVOLVED IN ANY OF THE FOLLOWING DURING THE PAST FIVE YEARS WHETHER COVERED BY INSURANCE OR OTHERWISE	YES	
	NO	

	Date	Amount of Loss	Any Injury Involved		Policy Number Or Claim Number	Name of Your Insurance Company
Road Accident		£	Yes/No	£		
Vehicle Fire		£	Yes/No	£		
Vehicle Theft		£	Yes/No	£		

Drivers Declaration and Authorisation to Obtain Driver's Details (cont.)

We supply information contained within this proposal to the Motor Insurance Information Centre Database to help detect people who break the law by not taking out Insurance. The Police and all Insurers have access to this database. We also subscribe to the Claims and Underwriting Exchange Register operated by Insurance Database Services Limited and the Motor Insurer's Anti-Fraud and Theft Register. In the event of a claim, the information you put on this form, together with information relating to the claim will be put on the registers and made available to participants.

I Full Name

hereby confirm my authorisation for Granite Underwriting to make any checks they require to verify my suitability for the Insurance proposed and any organisation or government body to release details of my full driving/Insurance history to Granite Underwriting. Please forward any details requested by Granite Underwriting, including, but not restricted to, all Convictions, Endorsements Road Traffic Accidents and Claims for Fire or Theft.

The statements and particulars in this Declaration are to the best of my knowledge true and I have not withheld any material fact which might influence acceptance of me as a driver under the Insurance proposed. I understand that this Insurance does NOT cover any Motor Vehicle belonging to me and that any vehicles I own must be separately Insured

Driver No: (from your drivers licence)

Signed: (Additional Driver) **Date:** / / 20

Signed (Policyholder)
PLEASE NOTE: NO COVER ATTACHES UNTIL A COVER NOTE OR CERTIFICATE OF
MOTOR INSURANCE HAS BEEN ISSUED