

For Office Use Only

Policy Number:	<input type="text"/>	Authorisation:	<input type="text"/>
----------------	----------------------	----------------	----------------------

Additional Driver's Details

Full Name of Driver	<input type="text"/>		
Full Home Address	<input type="text"/>		
		Postcode	<input type="text"/>
Date of Birth	<input type="text"/>	Contact Telephone Number	<input type="text"/>
Relationship to the Proposer	<input type="text"/>		
What use is required?	Business Only <input type="checkbox"/>	Pleasure Only <input type="checkbox"/>	Business & Pleasure <input type="checkbox"/>
Please state your full time occupation	<input type="text"/>		
Please state any part-time occupations	<input type="text"/>		
Have you ever held Motor Insurance in your own name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Name of your present or previous Private Motor Insurer	<input type="text"/>		
	Expiry Date	Policy Number	Registration No.
Have you ever been refused insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever had a policy cancelled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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.)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

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 30 months are never 'spent'

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

Drivers Declaration and Authorisation to Obtain Driver's Details

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	£	

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.

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: / /

Signed: (Policyholder)

Please note: No cover attaches until a cover note or certificate of Motor Insurance has been issued.

Please ensure you have completed this form and that it has been signed by both the additional driver and the policyholder & enclose a copy of the additional drivers current driving licence.

Granite Underwriting is a trading style of Acorn Insurance Services Limited, authorised and regulated by the Financial Services Authority No 311873
Granite Underwriting: 98 Liverpool Road, Formby, Liverpool, L37 6BS