

ADDITIONAL DRIVER FORM

Policyholder:

Policy Number

Particulars of Additional Driver

Cover from _____ : _____ Hrs **On** _____ **To** _____ : _____ Hrs **On** _____

1. Title Mr Mrs Miss Dr Fr	2. First name	3. Surname	
4. Full Address	5. Daytime phone number	6. Mobile Number	
	7. Date of Birth ____/____/____	8. Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
	9. Occupation(s) (including Part time)		

10. Type of licence(s) held? Full IRISH/UK Provisional IRISH/UK Other

If 'Other' please give details _____

11. Class of licence held (please circle) A A1 B C C1 D D1 EB EC ED ED1 W

12. Date driving test was passed, or first licence was issued? ____/____/____

13. Have you resided in IRELAND/UK all your life? Yes No

If no, please give details

14. Does the named driver intend to use the vehicle purely for social and domestic use? Yes No

If no, please give details

15. Has the named driver ever, or does he/she currently, hold insurance in his or her own name? Yes No

If yes, please give details, including Insurance company and policy number

16. Has the named driver ever been refused motor insurance or had a policy cancelled? Yes No

If yes, please give details

17. Does the named driver suffer from any conditions which must be reported to the Driver Licensing Authorities? Yes No

If yes, please give details

Please turn over for further questions and signature



Please return to: Quinn-Insurance, Dublin Road, Cavan, Co. Cavan, Rep. Ireland.

18. Has the named driver ever been convicted of any motor offences, ever been disqualified from driving, or have any prosecutions / convictions pending within the last 3 years? Yes No
If yes, please give details

19. Has the named driver received any penalty points, or have any penalty points pending within the last 3 years? Yes No
If yes, please give details

Date	Conviction / Penalty Point Code	Conviction / Penalty Description	No. Penalty Points	Date Licence Endorsed

20. Has the named driver had any accidents, losses or claims, regardless of blame within the last 3 years? Yes No
If yes, please give details

Date of Accident	Description of Accident	Claim Cost / Estimate	Claim Status (Open / Closed)

21. If you have already received an indication quote, would you like cover to begin upon receipt of this? Yes No

22. Has the named driver ever been convicted of a non motor conviction involving dishonesty, fraud or arson or have any prosecutions pending? Yes No

Driver's Name	Date	Non Motoring Conviction

Please submit a copy of the front and back of named drivers driving licence with this form

Declaration of Policyholder

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

I/we agree that this declaration shall in conjunction with my/our original proposal, be incorporated in and taken as the basis of the contract between me/us and Quinn-direct Insurance.

Signature of Policyholder _____

Date ____/____/____

Daytime Contact Number of Policyholder _____

You MUST include a daytime contact number to avoid any delays in processing your request

Please return to: Quinn-Insurance, Dublin Road, Cavan, Co. Cavan, Rep.Ireland

QUINN-direct, QUINN-direct Insurance and QUINN-Insurance are business names licensed for use by Liberty Mutual Direct Insurance Company Limited. Liberty Mutual Direct Insurance Company Limited is regulated by the Central Bank of Ireland.