

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 PSV

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

15. Has the named driver ever, or does he/she currently, hold insurance in his or her own name?

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, including Insurance company and policy number

17. Does the named driver suffer from any disabilities or medical 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

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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	Circumstances of Accident	Claim Cost / Estimate	Claim Status (Open / Closed)

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

Driver's Name	Non Motor Conviction	Date

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