

Please return this form to:

Wrightway Underwriting Ltd
 Limekiln House, Drinagh, Wexford
 Tel: 053 9167100
 Fax: 053 9143999

ADDITIONAL DRIVERS FORM

Policy No.: _____

Insured: _____ **Broker** _____

- 1 Name & Address of driver: _____

- 2 Date of Birth: _____
- 3 Occupation: _____
- 4 Contact no. (Home): _____
- 5 Name & Address of Next of Kin: _____
_____ Contact no. (Home): _____
- 6 Name & Address of Previous employer: _____
- 7 Type of Licence: Full: _____ Classes: _____
 Issue & Expiry Date: _____ Country of Issue: _____
 Licence No: _____ Comments: _____
- 8 Do you own your own vehicle? Yes No
 If so - State Insurer _____
- 9 Will you be the main driver? Yes No
- 10 Will it be used in connection with your own business? Yes No
- 11 Have you ever been refused motor insurance or had a policy cancelled or special terms or conditions applied? Yes No
- 12 Do you suffer from any defective vision, hearing, diabetes, epilepsy, heart condition or any other physical or mental infirmity? Yes No
- 13 Have you ever been involved in any accidents, claims or losses or had any penalty points imposed? Yes No
- 14 Have you been convicted by a court of any offence in connection with any motor vehicle? Yes No
- 15 Is there any motor prosecution pending? Yes No

If the answer is yes to Q9, Q10, Q11, Q12, Q13, Q14 or Q15, please explain _____

Declaration: I/We declare that to the best of my/our knowledge and belief the above statement made by us are true and complete and 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 the company.

Policyholder's Signature _____ Date _____

Driver's Signature _____ Date _____

**PLEASE ENSURE THAT ALL ANSWERS ARE FULLY COMPLETED
 OTHERWISE IT COULD RESULT IN COVER NOT TAKING EFFECT.**