

BUA DRIVER FORM
IT IS ESSENTIAL THAT ALL QUESTIONS ARE FULLY ANSWERED (TICKS OR DASHES ARE UNACCEPTABLE)

1	Policyholder:	Policy Number:	
2	Full name of Driver		
3	Date of Birth (DD/MM/YYYY)		
4	Address		
	Postcode		
5	Is the driver a full time employee?	YES	NO
	If YES – please give date of commencement of employment.		
	If NO – please give reason for adding the driver to this policy		
6	Number of years of continuous residence in the UK		
7	Give date of passing the relevant driving tests:	Class B	
		Class C1	
		Class C	
		Class C+E	
		Class D	
		Class D1	
8	If EU/Licence, has a UK Licence been Applied for or Issued?	YES	NO
		Application Date:	
		Issue Date:	
9	If a non EU or UK Licence, has a UK licence been applied for or Issued?	YES	NO
		Application Date:	
		Issue Date:	
10	Where has the driver previously been employed?		
11	Has the additional driver had any accidents, thefts or losses (whether covered by the insurance or not and regardless of blame) during the past 5 years? If YES please give full details including costs.	YES	NO
12	Has the additional driver ever been disqualified from driving OR in the past 5 years been convicted of any offence concerned with a motor vehicle OR, is any police enquiry or prosecution pending. State offence, date, penalty and period of suspension? If YES state offence, date, penalty period of suspension.	YES	NO

13	Has the additional driver been diagnosed with any physical or mental condition which may impair their ability to drive? If 'YES' has a General Practitioner declared you fit to drive or has the condition been reported to the Driver Licence Authority who have continued to issue a licence?	YES	NO
14	Has any motor insurance ever been declined, cancelled or refused or has an increased premium been charged, or any special terms imposed? If YES please give full details.	YES	NO
15	Does the driver hold a valid CPC (Driver Certificate of Professional Competence)? (This is required by law if driving a Coach, Bus or Lorry in the UK or any EU member state)	YES	NO

DECLARATION

I/we declare that to the best of my/our knowledge and belief, the above statement and answers are true and complete and that I/we have not withheld any material information. I/we hereby agree that this supplementary declaration shall, in conjunction with my/our original proposal, be the basis of the contract between me/us and Blagrove Underwriting Agency Ltd in respect of the current motor insurance policy I/we have in place with them.

Date:

Signature of Insured:

Full Name of Signatory:

Role within the Insured Company:

Licence Requirements for Vehicles Being Driven

Vehicle Type	Licence Required
Any Private Car ex Hire & Reward	B
Any Private Car Inc Hire & Reward	B
CVs under 3.5ton with a trailer up to 750kg	B
CVs between 3.5ton-7.5ton with a trailer up to 750kg	C1
CVs between 3.5ton-7.5ton with a trailer over 750kg	C1 + E
CVs over 7.5ton with a trailer up to 750kg	C
CVs over 7.5ton with a trailer over 750kg	C + E