

Additional drivers form
Please complete all sections on this form.



Policy details

Policy holder: Policy Number:

Period of cover from:	Hours;	Period of cover to:	Hours;
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Driver details

1. Title (Mr/Mrs/Miss/Ms)	
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 Full UK Full EU Full Other PSV
(If 'full other' please give details)

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11. Class of licence held: A A1 B C C1 D D1 EB EC ED1 W

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

13. How many years has the named driver been driving in the UK or the Republic of Ireland? Years

14. Does the named driver intend to use the vehicle purely for social or domestic use? Yes No
If no, please give details

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15. Has the named driver ever, or does he or she currently hold insurance in his or her own name? Yes No
If yes, please give details, including insurance company and policy number

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

16. Has the named driver ever been refused motor insurance, had a policy cancelled, or had any special terms and conditions imposed by an insurer? Yes No

If yes, please give details

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17. Does the named driver suffer from any medical conditions which must be reported to the Driving Licencing Authorities? Yes No

If yes, please give details

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18. Has the named driver ever been convicted of any motor offences, or have any prosecutions/convictions pending within the last three years? Yes No

If yes, please give details

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19. Does the named driver own their own car? Yes No

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

Date	Conviction or penalty points	Conviction or penalty description	Number of penalty points	Date licence endorsed

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

Date of accident	Description of accident	Claim cost or estimate	Claim status (open or closed)

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

23. Has the named driver ever been convicted of a non-motor offence or have any prosecutions pending? Yes No

If yes, please give details below

Drivers name	Date	Non motoring conviction

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

24. Are you or your spouse/civil partner or common law partner the main user of the vehicle? Yes No

25. Has the named driver ever been disqualified from driving, or obtaining a licence in the past seven years? Yes No

If yes, please give details

26. Have you or any other driver ever had insurance refused or cancelled or had any special terms imposed by an insurer? Yes No

If yes, please give details below

Additional information

Important information

Failure to answer all questions accurately, or failure to amend an incorrect fact could result in your policy being invalidated, your premium being increased and/or claims not being paid. If the policy is invalidated this could result in difficulty getting insurance in the future. Liberty Insurance reserves the right to decline any Proposal. Full details of your cover appear in the policy document. For a copy of this document contact our customer services team.

Declaration of driver

I declare that to the best of my knowledge and belief the above answers given by me are true and complete.

Signature of driver **Date:**

Declaration of policyholder

I declare that to the best of my knowledge and belief the above answers, made by me or on my behalf are true and complete. I understand that Liberty Insurance relies upon the information given in this questionnaire when deciding to offer you insurance cover, calculating your premium and the terms and conditions that apply, and that cover is not in place until I am given confirmation by Liberty Insurance.

Signature of policyholder **Date:**

Daytime contact number of policy holder

Remember:

- ✓ Include a daytime phone number so that we can contact you quickly if we have any queries. This will avoid delays in processing your request.
- ✓ Submit a copy of the front and back of the licence for each named driver on the policy shown above. If any of the licences have a counterpart you must also include a copy of the front and back of this.

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