

**Supplementary questionnaire**  
Please complete where appropriate, printing all details.



**Please submit a copy of driving licence(s) (front and back) of all those named on the policy.**

Policy holder: .....

Policy number: ..... Licence Type: .....

Occupation: .....

**1. How many years have you and any named drivers been driving in the UK or the Republic of Ireland?**

Name of driver: ..... Years:

**2. (a) Have you or any driver had any accidents, losses or claims (irrespective of who was at fault) within the last three years? (amounts must be included)** Yes  No

*If yes, please give details.*

**Any information you are unsure of, please contact your previous insurer, as all the details are important**

Date of incident	Name of driver	Circumstances of the incident <i>(indicate who was at fault and why)</i>

**(b) Were you at fault?** Yes  No

*If yes, please give details.*

**Total cost of settled claims and estimate of outstanding claims**

Third party	Own damage	Any other

**(c) What is the status of the claim?** Finalised  Open

**3. (a) Have you or any driver been convicted of any driving offence in connection with a motor vehicle in the last 3 years?** Yes  No

**(b) Have you or any driver been disqualified from holding a driving licence in the last seven years?** Yes  No

**(c) Do you or any driver have any prosecutions pending?** Yes  No

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

If yes to 3(a), (b) or (c), please give details below.

Name	Conviction	Date of endorsement	Penalty or fine	Circumstances

4. Has any driving licence belonging to you or any named drivers named on the policy been subject to a fixed penalty notice or penalty points in the past three years? Yes  No   
 If yes, please give details.

Date of endorsement	Penalty or fine	Type of offence and offence code

5. Have you or any driver named on the policy, ever been convicted of any non-motoring offence or have any prosecutions pending? Yes  No   
 If yes, please give details.

Drivers name	Non motoring conviction	Conviction date

6. Are you or your spouse/civil partner or common law partner the main user of the vehicle? Yes  No
7. Have you or any other driver ever had insurance refused or cancelled or had any special terms imposed by and insurer? Yes  No   
 If yes, please give details.

### 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: .....

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

**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:** .....

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

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