

Unicom Insurance Services Ltd

Additional Drivers Form

All questions must be answered in full, N/A and dashes are not acceptable



Policy Holder _____ Policy Number _____

1. DETAILS OF DRIVERS

Title	Surname	Forenames	DOB	Resident in UK	Type of Licence	Period Held	Drivers Use Trade Social	
Mr/Mrs/Ms/Miss				Yrs	FULL/PROV./INT	Yrs	Y/N	Y/N
Mr/Mrs/Ms/Miss				Yrs	FULL/PROV./INT	Yrs	Y/N	Y/N
Mr/Mrs/Ms/Miss				Yrs	FULL/PROV./INT	Yrs	Y/N	Y/N
Mr/Mrs/Ms/Miss				Yrs	FULL/PROV./INT	Yrs	Y/N	Y/N
Mr/Mrs/Ms/Miss				Yrs	FULL/PROV./INT	Yrs	Y/N	Y/N

Driver	Are you a Full or Part Time Motor Trader	Any other occupation please give details	Home Address	Delete status Not Applicable
Main	<input type="checkbox"/> F/T <input type="checkbox"/> P/T			Business Partner/ Employee/ Common-Law/ Spouse/ Driver
Driver 1	<input type="checkbox"/> F/T <input type="checkbox"/> P/T			Business Partner/ Employee/ Common-Law/ Spouse/ Driver
Driver 2	<input type="checkbox"/> F/T <input type="checkbox"/> P/T			Business Partner/ Employee/ Common-Law/ Spouse/ Driver
Driver 3	<input type="checkbox"/> F/T <input type="checkbox"/> P/T			Business Partner/ Employee/ Common-Law/ Spouse/ Driver
Driver 4	<input type="checkbox"/> F/T <input type="checkbox"/> P/T			Business Partner/ Employee/ Common-Law/ Spouse/ Driver

2. ACCIDENTS

Give brief details of all accidents and losses, including fire or theft, whether to blame or not, during the past FIVE years, in connection with every motor vehicle (including motorcycles) owned or driven by you or any person who, to your knowledge, will drive on this policy. (If none, please state NONE).

Driver	Date of Accident	TOTAL COST OR ESTIMATE Own Damage	Third Party	Give details of each occurrence (if insufficient space, please use separate paper)
Main				
Driver 1				
Driver 2				
Driver 3				
Driver 4				

3. CONVICTIONS

Have you, or any person who will drive under this insurance, been convicted of any offence in connection with any motor vehicle or any other offence including violence, criminal or dishonesty or is any Police prosecution pending? YES / NO. If yes, advise details

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4. HEALTH

Do you, or any person who to your knowledge will ever drive under this insurance, suffer from the loss of the use of a limb or eye, defective vision or hearing, a Heart/ Diabetic/ Epileptic condition or from any other infirmity? YES / NO. If YES, advise details. (You may be requested to complete a Medical Questionnaire / Supply Doctors Report)

Driver No	Details of Condition	Has DVLA been advised	Has a restricted licence been issued
		YES / NO	YES / NO
		YES / NO	YES / NO
		YES / NO	YES / NO

5. ADDITIONAL BUSINESS USE

Besides Motor Trade and social domestic and pleasure use, will any driver who is NOT employed full-time in the motor trade require other business use? YES / NO. If yes, advise driver and full details of use required. (AN ADDITIONAL PREMIUM WILL APPLY)

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6. MOTOR INSURANCE REFUSALS

Has any Company or Underwriter declined a proposal or cancelled or refused to renew the motor insurance or required an increased premium or revised terms in respect of any motor insurances proposal effected by you, your spouse, or any person who, to your knowledge, will drive? YES / NO. If yes, advise driver and full details including insurers.

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Your attention is drawn to the following Data Protection Notice in relation to data sharing for the purpose of Fraud Prevention and Detection. PLEASE READ AND SIGN THE DECLARATION.

Data Protection Notice

The policy document contains important information relating to the details you have given us. This notice should also be shown to anyone else that is insured under this policy. This document draws to your attention the systems we have in place which allow us to detect and prevent fraudulent claims.

Fraud Prevention and Detection

In order to prevent and detect fraud we draw to your attention, in accordance with Data Protection Legislation, the fact that we may at any time record and monitor telephone calls for the purpose of detecting fraud and deception. We may also pass your details through any number of data sharing/fraud prevention agencies such as Hunter and CIFAS.

Your insurance cover details will be added to the Motor Insurance Database, run by the Motor Insurers 'Information Centre. Along with the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd and The Motor Insurance Anti Fraud and Theft Register, run by the Association of British Insurers. It is a condition of your policy that you must tell us about any incident (such as accident or theft) whether or not it gives rise to a claim as soon as possible. We will pass information relating to it on to these agencies. **If you or anyone acting on your behalf give us false or inaccurate information and we suspect fraud, all benefits under this policy will be void.** The matter will be recorded with the above agencies and pursued in accordance with the law.

We may share information about you with our associated and subsidiary Companies. Other organisations may also use and search these records in their effort to combat fraud and undertake credit searches.

The Company wish to make it clear that the vast majority of honest policyholders suffer as a result of a few. Our aim is to provide the best possible service to the genuine customer. Through the use of these systems and certain interview techniques, we are able to address fraud in such a manner that enables us to keep premiums competitive.

IMPORTANT – PLEASE READ AND SIGN THE DECLARATION BELOW

DECLARATION

I/We declare that the above statements and particulars are true, and that no information has been withheld that might influence acceptance of the Insurance, and that the Property and/or Vehicle(s) is/are, and shall be kept in good condition and that the vehicles shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or continuance thereof, and I/We agree that this Proposal, signed by or caused to be signed for me/us shall be held to be promissory and be the basis of the Contract between me/us and Insurers, and I am/we are willing to accept a policy subject to the terms, exceptions and conditions prescribed therein.

DATE: SIGNATURE OF DRIVER 1:

DATE: SIGNATURE OF DRIVER 2:

DATE: SIGNATURE OF DRIVER 3:

DATE: SIGNATURE OF DRIVER 4:

DATE:..... SIGNATURE OF PROPOSER:

Any question answered with N/A, ticks or dashes will be returned.

IMPORTANT – SEE NOTES BELOW BEFORE SIGNING TO BE COMPLETED CORRECTLY

WARNING – If you are in any doubt about a particular fact(s) being material to this insurance you should disclose it/them. Failure to disclose all material information may result in this insurance being void from inception – leaving you without insurance cover. You are advised to keep a record of all information supplied for the purpose of entering into this insurance.