

COMPANY NAME  
 Address line 1  
 Address line 2  
 Address line 3  
 Post code

**COMPANY DRIVER INSURANCE DECLARATION**

**Full Name:** \_\_\_\_\_ **Date Commenced Employment:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Please tick the categories you are trained to drive and hold a valid licence for:

1. Car or Van not exceeding 3500kgs:B  3. Large Goods Vehicle over 7500kgs:C+E (II)

2. Medium Sized Goods Vehicle between 3500 to 7500kgs:C1, C1+E (III)  4. Articulated vehicle over 3500kgs with trailer over 750kgs:C+E (I)

**Driving Licence Details**    **Groups:** \_\_\_\_\_    **Expiry Date:** \_\_\_\_\_    **Licence No:** \_\_\_\_\_

**HAVE YOU:** \_\_\_\_\_ Note: Delete the answer not applicable

**A)** Had a proposal declined, a policy cancelled or renewal refused or been required to pay an increased premium or had special conditions imposed by any motor insurer? **YES/NO**

**B)** Lost an eye, limb or part of a limb, defective vision or hearing, any physical or mental infirmity, suffered from diabetes or any heart complaint? **YES/NO**

**C)** Been convicted of any motoring offence during the past 5 years or had your licence suspended during the past 10 years or is any prosecution pending? **YES/NO**

If you have answered YES to any of the above please give details below and continue on a separate sheet if necessary.

I do hereby declare that the answers and particulars given above are in every respect true and correct and that I have not withheld any other information. I also undertake to notify any alterations to the above details immediately they occur.

**DRIVERS SIGNATURE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I do hereby declare that I have examined the above applicants' driving licence and found the details to be correct.

**VDOC / TRANSPORT MANAGER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_