

Additional Driver Proposal Form

FULL NAME _____
AGE _____ YEARS _____ DATE of BIRTH _____
CONTACT ADDRESS _____

TEL: _____

DRIVING LICENCE DETAILS

DRIVERS NUMBER _____ ISSUING AUTHORITY: _____
LICENCE ADDRESS _____

TEL: _____

EXPIRY DATE ___/___/___ GROUPS _____ No. of YEARS HELD _____ DATE of TEST _____
DETAILS of ENDORSEMENTS - DISQUALIFICATION _____

OCCUPATION _____
EMPLOYERS NAME AND ADDRESS _____

TEL: _____

INSURANCE PROPOSAL Answer

Yes or No. _____

Have you 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?

Have you been convicted of any motoring offence during the past five years, or had your licence suspended during the last ten years, or is any prosecution pending?

Have you any physical or mental defect or infirmity or suffered from diabetes, fits or any heart complaint?

Have you had any accidents and / or claims in the past 36 calendar months?

If so, please complete panel below.

No.	Amount Own Damage	Third Party	Outstanding Claim

Insurance Cover from: _____ to: _____

APPLICATION IN RESPECT of
RENTAL CONTRACT No. _____ COMMENCING _____

HIRES NAME

I warrant that the particulars given in the insurance proposal are true and no information has been withheld which might influence acceptance of the proposal which with this declaration shall form the basis of the contract of insurance.

I hereby agree that during the period of rental when driving the vehicle I do so as the agent of the hirer and that this action is subject to the terms conditions and limitations of the rental contract and Insurance policy.

DATE _____

SIGNATURE of DRIVER _____
PROPOSAL ACCEPTED
BY LESSOR SIG: _____