

## ADDITIONAL DRIVERS/ RIDER FORM

Policyholder Name:	H & R Reference No:
Policy Holder Address:	Policy No:

Particulars of Additional Driver:

**COVER CANNOT BE BACK-DATED AND WILL NOT BE IN FORCE UNTIL WE CONTACT YOU TO CONFIRM**

Cover from: \_\_\_\_\_:\_\_\_\_\_ Hrs On \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_\_:\_\_\_\_\_ Hrs On \_\_\_\_/\_\_\_\_/\_\_\_\_  
OR To Renewal Date  (please tick)

1. Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Fr <input type="checkbox"/>	2. First name	3. Surname
4. Full Address (incl Postcode) _____ _____ _____ _____	5. Daytime tel. number	6. Relationship to the Insured
	7. Date of Birth ____/____/____	8. Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
	9. Occupation(s) (incl part-time)	10. Employers nature of business

11. Type of licence(s) held? Full UK  Provisional UK  Other   
*If 'Other' please give details* \_\_\_\_\_
12. Class of licence held (please circle) – see drivers licence A A1 B C C1 D D1 EB EC ED ED1 W
13. Date car/motorcycle test was passed, or first licence was issued? \_\_\_\_/\_\_\_\_/\_\_\_\_
14. Have they resided in the UK all their life? Yes  No   
*If no, date of residence* \_\_\_\_/\_\_\_\_/\_\_\_\_
15. Will the additional driver / rider use the car / motorcycle to commute to and from work? Yes  No
16. Will the additional driver / rider have more than occasional use ? Yes  No
17. Has the additional driver ever, or do they currently, hold insurance in their own name? Yes  No   
*If yes, please give details, including Insurance company and policy number*

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18. Has the additional driver ever been refused motor insurance or had a policy cancelled? Yes  No   
*If yes, please give details*

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19. Does the additional driver have any non motoring convictions? Yes  No

Please turn over for further questions and signature



Please return to:  
H&R House, Woodburn Road, Blackburn, Aberdeen, AB21 0PS

Calls will be recorded for training and monitoring purposes

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telephone enquiries:  
Internet:  
telephone lines:  
office hours:  
e-mail address:

Tel. 01224 848382 Fax. 01224 848282  
www.hrinsurance.co.uk  
9.00am – 7.45pm Mon-Fri  
9.00am – 5.30pm Mon-Fri  
admin@hrinsure.co.uk

ADDD2(web) 10.09

20. Does the additional driver/rider have any medical conditions? Yes  No   
*If yes, please give details*

21. Has the additional driver ever been convicted of any motor offences, ever been disqualified from driving, or have any prosecutions / convictions pending? Yes  No

*If yes, please give details*

22. Has the additional driver received any penalty points, or have any penalty points pending? Yes  No

*If yes, please give details*

Conviction / Penalty Point Code	Offence Date	Conviction Date	Fine	Blood Alcohol Reading	No. Penalty Points

23. Has the named driver had any accidents, losses or claims, (including vehicle accidents/losses/thefts irrespective of blame or whether or not an insurance claim resulted) within the last 5 years whether at fault or not, whilst driving a car or riding a motorcycle? Yes  No

*If yes, please give details*

Date of Accident	Circumstances of Accident	Own Damage Costs	Third Party Damage Costs	Fault or Non Fault	Was there a Personal Injury Claim	Was the accident in a car or motorcycle	Claim Status (Open / Closed)

**We will contact you upon receipt of this form in order to activate cover. Until then there will be no cover in place.**

Please note that if this form is not fully completed and signed, and if a copy of all parts (photocard – front and back and counterpart where applicable) of the additional drivers driving licence is not enclosed, you will not be able to proceed with cover.

**Declaration of Policyholder**

I/we declare that to the best of my/our knowledge and belief the above statements, made by me or on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed.

I/we agree that this declaration shall be in conjunction with my/our original proposal, be incorporated in and taken as the basis of the contract between me/us and H&R Insurance Services.

**Signature of Policyholder** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Daytime Contact Number of Policy Holder** \_\_\_\_\_

You MUST include a daytime contact number to avoid any delays in processing your request.

**IMPORTANT**  
**PLEASE NOTE – HIGHER EXCESSES WILL APPLY TO YOUNG DRIVERS,**  
**PLEASE REFER TO YOUR POLICY BOOKLET FOR DETAILS**  
**ADDITIONAL PREMIUM TO BE ADVISED**

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