

# Camper Van Additional Drivers Form



**D O L M E N**  
INSURANCE BROKERS

Supplementary proposal form for addition drivers. To be incorporated in the proposal for policy No.			
Broker:			
Insurer:			
Name & address of Insured:			
Permanent Additional Driver			Yes No
Temporary Additional Driver	With effect from, Time : h, Date / / 200	Until, Time : h, Date / / 200	

*Questions 1 to 13 to be answered by the additional driver*

1. Name & address of Driver:			
2. Date of Birth / /		3. Occupation (inc. part time)	
4(a). Do you hold a full or provisional driving licence?			
4(b). State class(es) of vehicle(s) covered by licence			
4(c). Date of issue of licence / /		4(d). Issuing Authority	
5. Date on which Driving Test was passed / /			
6. Date of issue of first licence / /			
7. Will you use the vehicle in connection with your own business?			Yes No
8. Will you be the main driver of the vehicle?			Yes No
9. Do you own your own vehicle?			Yes No
10. Have you ever held insurance in your own name in the last 3 years?			Yes No
11. Have you ever been refused motor insurance?			Yes No
12. Have any special terms or conditions applied?			Yes No
13. Have you any medical conditions, impairments or physical disability notifiable to the driving licence authority, which may effect you being issued a driving licence?			Yes No
If "YES" please give details			
14. (a). Have you been involved in a traffic accident during the past five years?			Yes No
14. (b) Have you had any claims or incidents which may give rise to a claim within the last 5 years?			Yes No
14. (c). Have you been convicted by a court of any offence in connection with a Motor Vehicle?			Yes No
14. (d) Had any penalty points applied?			Yes No
14. (e). Is there any motor prosecution pending?			Yes No
If the answer to a, b, c, d, or e is "YES" please give full details and submit your licence and driving licence history summary from the NDLS for inspection			

Declaration:

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

Signature of Driver:	Date: / /
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Declaration:

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 in conjunction with my/our original proposal, be incorporated in and taken as the basis of the contract between me /us and THE COMPANY

Signature of Policyholder:	Date: / /
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**Dolmen Insurance Brokers Ltd.**  
Unit 39 Butterfly Business Park, Artane, Dublin 5.

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