

Camper Van Additional Drivers Form



D O L M E N
INSURANCE BROKERS

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| 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

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|--|--|--------------------------------|----------|
| 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 or special rates or conditions applied? | | | Yes No |
| 12. Do you suffer from defective vision or hearing, diabetes, epilepsy, heart condition or other physical or mental infirmity? | | | Yes No |
| If "YES" please give details | | | |
| 13. (a). Have you been involved in a traffic accident during the past five years? | | | Yes No |
| 13. (b) Have you had any claims or incidents which may give rise to a claim within the last 5 years? | | | Yes No |
| 13. (c). Have you been convicted by a court of any offence in connection with a Motor Vehicle or had any penalty points applied? | | | Yes No |
| 13. (d). Is there any motor prosecution pending? | | | Yes No |
| If the answer to a, b, c or d, is "YES" please give full details and submit your licence 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: / / |
|----------------------|-----------|

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

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|----------------------------|-----------|
| Signature of Policyholder: | Date: / / |
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If the additional driver has an EU licence this must be verified by your local AXA office and an email confirmation sent to camper@dolmen-insurance.ie. Please contact the office for further information.

Dolmen Insurance Brokers Ltd.
Unit 39 Butterfly Business Park, Artane, Dublin 5.

November 2015