

## ADDITIONAL DRIVERS FORM

Please answer all questions in **BLOCK CAPITALS**. Please answer all questions in full; Dashes, dittos and "n/a" are not acceptable answers.

### POLICY HOLDER'S DETAILS

Insured's Full Name:	
Policy Number:	
Contact Number:	

### NEW DRIVER'S DETAILS

	Additional Driver 1			Additional Driver 2		
Driver's First Name:						
Driver's Last Name:						
Gender / Title:						
Date of Birth:						
Years Resident in UK:						
Relationship to you:						
Marital Status:						
Job Title:						
Business Type:						
Employment Status:						
Type of Licence:						
Test Pass Date:						
Any other cars?:						
No claims bonus:						
Frequency of use:	MAIN	FREQUENT	CASUAL	MAIN	FREQUENT	CASUAL
Commuting?:		YES	NO		YES	NO
Smoker?:		YES	NO		YES	NO
Homeowner?:		YES	NO		YES	NO
Has any insurer or underwriter refused to insure this driver, cancelled their insurance or refused to renew on any grounds? If yes, please give details.						

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Additional Driver 1

Additional Driver 2

Has the driver any motoring convictions, driving licence endorsements in the last 5 years or subject to any pending prosecutions. Please include dates, codes, fines and points.

Has the driver any non-motoring convictions, or has been charged for any offence pending trial? If yes, please give details

Has the driver suffered any losses or made any claims in the last 5 years? Please detail dates, whether the claim is outstanding and related costs.

Does the driver have any medical conditions the DVLA are or need to be aware of? If yes, have the DVLA applied any restrictions?


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## DECLARATION

### Important Note

You are reminded that it is essential that you provide all material information likely to influence the acceptance and assessment of this insurance. If you have any doubts as to whether a fact is material, it should be disclosed. Failure to disclose any material facts which may invalidate your policy, or may result in your policy not operating fully. It is an offence under the Road Traffic Act to make any false statement or withhold any material information for the purposes of obtaining a certificate of motor insurance.

### Your Information

#### Your Broker

You are giving your information to Brentacre Insurance Services Ltd. which is a registered company in England and Wales with companies house: 02081054. Brentacre Insurance Services Ltd. is regulated by the Financial Conduct Authority; Registration number is 307060.

#### How do we use your information and who do we share it with?

We will use your information to manage your insurance policy including claims handling. This may include disclosing it to insurers, third party underwriters and re-insurers. Much of what we ask of you is sensitive personal data such as health and past convictions as defined by the Data Protection Act 1998. We will not use such information about you in any way besides the purpose for which you provided it, and to provide the services described in our document "Know your Insurance Intermediary" Please ensure you only provide us with such information about other people with their agreement. If you would like a copy of all information we hold about you, please send your request to Data Access Request, Brentacre Insurance Services Ltd., Cambrian House, Cambrian Place, Swansea, SA1 1RH.

#### Fraud Prevention Agencies

If false or inaccurate information is provided, and fraud is identified or suspected, details may be passed to fraud prevention agencies for investigation. We and other organisations may also access and use this information to prevent fraud and money laundering for example when checking applications for and managing credit with other facilities and recovering debt. Checking insurance proposals, statements of fact and claims.

#### Declaration

**Please check the information on this form carefully. You are required by the provisions of the Consumer Insurance (Disclosure and Representations) Act to take reasonable care to supply accurate and complete answers on this form and to make sure all information is true and correct. It is an offence under the Road Traffic Acts to make any false statements for the purpose of obtaining a certificate of motor insurance.**

**You are recommended to keep a copy of all information supplied (including copies of letters) for the purpose of entering this contract. You may apply for a copy of this form at any time within the next three months.**

Date:

## **Important Driving licence changes – PLEASE READ!**

As you may be aware, the DVLA will be withdrawing the counterpart or paper licence from the 8<sup>th</sup> of June 2015. You can view all your licence details on the government website, [www.gov.uk/view-driving-licence](http://www.gov.uk/view-driving-licence)

## **What do we need from you?**

With **all** new policies we will require evidence of your driving licence in this new format. This will apply to **all** drivers named on your policy.

You will need to view your details on [www.gov.uk/view-driving-licence](http://www.gov.uk/view-driving-licence) entering your driving licence number, national insurance number and postcode. Once your details are displayed, click “Share your Licence Information” in the top menu at which point you will be able to create a new code. Once done, below the form, save your details as a pdf document then attach this to an email and forward to us at [admin@brentacre.co.uk](mailto:admin@brentacre.co.uk)

**More in depth instructions with screenshots and video can be found at:**  
[www.brentacre.co.uk/dvla-view-licence/](http://www.brentacre.co.uk/dvla-view-licence/)

This process **must** be followed for each driver named on your policy.

We **still** require a copy of both sides of the card licence for each driver named on your policy.

Please ensure your reference or policy number and postcode are highlighted on all emails, particularly if being sent by an additional driver.

We appreciate this is a change from the previous method of collecting these details, however this is something we cannot avoid and is now industry standard.

## **Need Help?**

It is imperative you contact us if you need help with this process or are unable to comply. This information **must** be supplied as part of your insurance contract, and in this new format, otherwise we will have no alternative but to issue cancellation proceedings. Call us on **01792 650933** or email [admin@brentacre.co.uk](mailto:admin@brentacre.co.uk)