

Additional Drivers Form

Policy Details				
Policy Number				
Policyholder				
Renewal Date				
Vehicle registration number				
Cover required from:	Date:		Time:	AM / PM
Cover required to:	Date:		Time:	AM / PM
Additional Driver Details				
Additional Driver Name				
Date of Birth				
Occupation				
Additional Driver's Driving Licence type (tick appropriate licence)	<input type="checkbox"/> Full Irish or UK	<input type="checkbox"/> Provisional / Learner Irish		
	<input type="checkbox"/> Full EU	<input type="checkbox"/> Full "Swap" Australia, Gibraltar, Guernsey, Isle of Man, Japan, Jersey, New Zealand, South Africa, South Korea, Switzerland, Taiwan, Provinces of Ontario, Manitoba, Newfoundland & Labrador of Canada		
Underwriting Assumptions				
<p>The Additional Driver must meet all of the criteria listed below. If this is not the case refer to Patrona Underwriting Limited before the Additional Driver drives the insured vehicle. The Additional Driver:</p> <ul style="list-style-type: none"> will only use the insured's vehicle in accordance with the use permitted by the certificate is not the owner or main driver of the insured vehicle has never been refused insurance, had a policy cancelled by the insurer (except for Direct Debit payment default) or had special terms imposed is fit to drive such that he or she would meet the fitness to drive criteria were he or she to submit a driving licence application on the "Cover required from" date shown above has not been involved in a motor accident anywhere in the last 5 years whether at fault or not except for spent convictions below, has not been convicted of any offence in a court and has either an Irish driving licence with six or less penalty points, or an EU or Swap licence (see above list) with no penalty points or similar penalties does not have prosecutions pending or under appeal within the past 7 years holds a valid driving licence from one of the four licence categories shown above 				
Non-Disclosure Warning & Declaration				
<p>Please read the following carefully before you complete, sign and date this form:</p> <ul style="list-style-type: none"> Failure to disclose all material information may result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid The answers you give to these questions must be true and complete to the best of your knowledge. They will usually provide us with sufficient information to enable us to consider this proposal. However, because no list of questions can be exhaustive, please consider carefully whether there are any other material facts known to you which could influence our acceptance and assessment of the risk. Material facts would include any facts which might influence the acceptance or assessment of your proposal. If you are in doubt as to whether a fact is material you should disclose it. You should also keep your own record (including copies) of all information supplied to us in arranging this Insurance. A copy of this form is available on written request within three months from the date of the proposal. <p>Spent convictions are convictions that are spent according to the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016.</p> <p>You do not need to tell us about a conviction if the convicted person:</p> <ul style="list-style-type: none"> Was an adult (18 years of age or more) when they committed the offence, and Was convicted more than 7 years ago in either the District Court, or another Court lower than the Central Criminal Court if the sentence for the offence was either a custodial sentence of 12 months or less (whether partially suspended or not), or a wholly suspended sentence of 24 months or less, and Has only one conviction meeting these conditions, except for Motoring offences, (but not Dangerous Driving under Section 53 of the Road Traffic Act 1961), Public Order Offence convictions and Possession of Alcohol convictions <p>I declare to the best of my knowledge or belief that the additional driver I am proposing meets the criteria above and that nothing material affecting this transaction has been concealed.</p>				
Policyholder's Signature				Date