

Supplementary Proposal Form – drivers convicted of drink or drug related motoring offences

All questions must be fully answered

Name of Policyholder/Proposer Policy no.

Name of convicted driver Age

Address

Duties involved in Occupation

Details of offence

Date of offence Date of conviction

Details of penalty imposed (including the period of any ban)

If alcohol related state amount of alcohol in the breath*/ blood*/ urine sample*
 (*delete whichever is inapplicable)

Date and time of day when stoppeddate at.....a.m./p.m.

Give details of the circumstances leading to the offence and the reason for the police stopping and testing the convicted driver

Do you regularly use your car for commuting to and from your place of employment? YES/NO

Have you undertaken an alcohol or a drug rehabilitation programme YES/NO

If Yes, please give details and dates including any on-going treatment/assistance

Are you frequently involved in entertaining other persons in the course of your employment? YES/NO

If 'YES', give details

If it is necessary to return home by road after consuming alcohol, do you

- | | |
|---|---|
| a) always travel home by taxi or public transport? YES/NO | c) still drink and drive but limit your consumption? YES/NO |
| b) arrange that your spouse will driver home? YES/NO | d) make other arrangements? YES/NO |

If 'YES' please indicate maximum amount of alcohol you will consume when you know you will drive afterwards.

Have you been required to take a driving test as a result of this offence? YES/NO

If 'YES' please give details including test date

Declaration A – to be completed where convicted driver is not the proposer/policyholder

I warrant that the above statements made by me or on my behalf are true and correct and that there is no other material fact, which should be disclosed.

Signature..... Date.....

Declaration B – to be completed in all cases

I/We warrant that to the best of my/our knowledge the above statements are true and correct and that there is no material fact which should be disclosed.

I/We agree that this declaration shall in conjunction with my/our original proposal, be incorporated in and take as the basis of the contract between me/us and the Insurer.

Signature of proposer/policyholder..... Date.....