

5. Medical History

Receiving Treatment at the moment	Description of disability/condition	Date Diagnosed	Advised DVLA at Swansea
Yes/No			Yes/No
Yes/No			Yes/No

Have you an uncorrected defect in vision, hearing or physical or mental infirmity or suffered from diabetes, epilepsy or any heart complaint Yes No

6. Insurance History

- a) Are you now, or have you ever been, insured in respect of any motor vehicle Yes No
- b) Have you ever been refused insurance at normal terms Yes No

If 'Yes' please provide details below

7. Accident Claims and Losses

- a) Have you been involved in any accidents, claims or losses in the last 5 years Yes No

Date Accident occurred	Details of Accident	Cost of own damage	Cost of third party damage

Declaration

I/We declare that the above statements and particulars which I/We have read over and checked are true and that no information has been withheld which might increase the risk or influence acceptance by Underwriters and that this driver's application form shall be held to be promissory and form the basis of contract between me/us and Underwriters. I/We further undertake that in the event of there being any change in the statement above made, I/We shall give immediate notice to Underwriters.

Your Driving Licence Number ("DLN") and that of any named driver will be checked against the DVLA database to confirm the licence status, driving entitlement and relevant restrictions and any endorsements/convictions. I understand and accept that DVLA searches may be carried out prior to the date of the insurance policy and at any point throughout the duration of the insurance policy including at the mid-term adjustment and renewal stage.

Signature of driver

Date

Signature of Employer

Date

Please provide copies of driving licenses with the drivers form.

Underwriters reserve the right to decline any proposal submitted or to request additional information as they see fit.