



Non-Standard Driver Declaration Form

Full Name of Union / Policyholder

Policy Number

E-mail Address for Reply (should be a Union address, not driver's own email address)

Full Name of Driver

Date of Birth

Type of Licence (circle)

Date Test Passed

Country of Licence Issue

How long since test passed

Please answer all of the following questions by circling the appropriate answer and providing full details where applicable:

1. Do you have any medical conditions requiring notification to the DVLA or which may affect driving?

If "YES" please give details of condition(s), medication and any special terms imposed:

2. Have you had any motor accidents or made any claims (including theft) in the last 5 years?

If "YES" please give full details here:

| Incident Date: | Circumstances: (Brief description of what happened). | Total cost: (Own & Third Party costs, & whether claim made or not): | No Claims Discount affected? |
|----------------|---|--|------------------------------|
| DD / MM / YY | | £ | |
| DD / MM / YY | | £ | |
| DD / MM / YY | | £ | |
| DD / MM / YY | | £ | |

3. Have you had (or have pending) any convictions in connection with a motor vehicle in the last 5 years?

If "YES" please give details here

| Date of Conviction | Conviction (Offence) Code | Circumstances | Disqualification Period (Length) | Fine (£) |
|--------------------|---------------------------|---------------|----------------------------------|----------|
| DD / MM / YY | | | | £ |
| DD / MM / YY | | | | £ |
| DD / MM / YY | | | | £ |
| DD / MM / YY | | | | £ |

4. Has any insurance company or underwriter refused you any insurance or imposed any special terms?

If "YES" please give full details including reason, date and any terms applied here:

I declare that the above particulars are true and correct to the best of my knowledge and that no material information which could affect the insurer's assessment or acceptance of this risk has been withheld.

Driver's Signature:

Date:

Non-Standard Additional Drivers Declaration Driver Guidance Notes:

You are classed as a **Non-Standard driver** if you are aged under 21 years, have held your full driving licence for less than two years, hold a driving licence that was not issued in the UK, or if you can answer “Yes” to any of the questions 1 to 4 on the Non-Standard Drivers Questionnaire.

If you are a Non-Standard driver:

- Please complete all sections of the form. Forms submitted with blank fields, which state “Unknown” or similar for a required question, or forms which are not signed and dated by the driver will be rejected.
- Drivers under the age of 21 years and/or who hold driving licences not issued by the DVLA in Swansea or the DVLANI in Belfast may only drive vehicles with 8 or fewer passenger seats.
- All drivers must have held their full licence for at least 12 months.
- If you have any queries relating to this form, please contact the Education Team on (01242) 866906.

Question 1: If answered “YES”, please give details of all medication taken, confirm whether the DVLA have been made aware of your condition and detail any driving restrictions imposed.

(Defective vision corrected by glasses or contact lenses does not need to be declared).

Question 2: Please explain the actual circumstances of the accident or claim (what happened). Please include details of all incidents involving vehicles owned and/or driven by you. Please confirm the total costs arising from the accident, irrespective of whether you made a claim and include any own repairs, third party repairs, compensation and costs etc. “Unknown” or similar cannot be accepted and we will be unable to approve you.

Question 3: Please ensure that you quote the correct conviction (Offence) code (e.g. SP30). The date must be the date of the conviction, not the date of the offence. If you have a drink-driving conviction, please give the blood/alcohol level at the time of the offence. Offences must be declared where the date of conviction is within the last **five years**, regardless of whether or not the conviction is still shown on the licence.

Question 4: Please give full reasons for any refusal of insurance or any special terms applied by insurers. Please also include the date(s) of when this occurred.

Additional Info: Please ensure you provide a full clear and legible copy of your driving licence (front and rear of photo card and front of counterpart where applicable). Please ensure you have signed and dated the form before passing to the Union. Please note you must not drive until approval has been granted by the Union.