

EQUITY RED STAR ADDITIONAL DRIVERS FORM

Policyholder: Policy Number:

Please give full particulars of **ALL** other persons who will drive your car.

Full name	Full occupation (incl any part-time) and nature of employer's business	Date of birth	Suffer from a notifiable condition not notified to DVLA or any condition for which DVLA have restricted the licence?	Type of current licence (UK or EU, full or provisional) and period held		Have they regularly driven during the last 12 months? (If No, give details overleaf)	Have they been charged with any motoring offence or been disqualified? (If Yes, give details overleaf)	Have they had any claims or losses during the last 3 years? If Yes, give details overleaf. If none, state NONE	Has any insurer refused insurance or imposed special terms? If Yes, give details overleaf)
				Type	Years				

DATE POLICYHOLDER'S SIGNATURE

