

*Non-Standard Additional Drivers Questionnaire*

Policyholder

Policy Number

E-mail Address to Send Confirmation

Full Name of Driver

Date of Birth

Type of Licence (circle)

Date Test Passed

Country of Issue

Length of Driving Experience

*Please answer the following questions by circling the appropriate box and giving full details where applicable:*

1. Do you have any physical or mental defects or suffer from diabetes, epilepsy or heart complaints?

If "YES" please give details here

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

If "YES" please give details here

Date	Circumstances	Costs		NCD affected?
		Own	3 <sup>rd</sup> Party	
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	Conviction Code	Circumstances	Disqualification Period	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 details here

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

Driver's Signature

Date

**Endsleigh Use Only:**

Date Form Received	<input type="text"/>
Date Cover Agreed	<input type="text"/>
Date Sent to Insurers	<input type="text"/>
Date Endorsement Rcd	<input type="text"/>
Date Client Informed	<input type="text"/>

Standard Excess	£ <input type="text"/>
Additional Excess	£ <input type="text"/>
Total Excess Applicable	£ <input type="text"/>
Additional Premium	£ <input type="text"/>
D/N Raised	<input type="text"/>

Special Terms/Comments

## Non-Standard Additional Drivers Questionnaire Guidance Notes

**You are a Non-Standard driver if you are aged 24 or under, have held your full driving licence for less than two years, have a licence that was not issued in Great Britain or Northern Ireland or you can answer “Yes” to any of the questions numbered 1 to 4 on the Non-Standard Drivers Questionnaire.**

- You must complete all sections of the form. Forms submitted with blank fields or which are not signed will be rejected.
- It is the responsibility of the policyholder to establish whether a licence is valid for the vehicle being driven. Any queries relating to driver licensing should be referred to the DVLA on (0870) 240 1651.
- Drivers with licences that have not been 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 Affinity Team on (01242) 866800.

**Question 1:** Please ensure that you give details of all medication taken.

Confirm that the DVLA have been made aware of your condition, and advise if any restrictions have been imposed.

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

**Question 2:** Please ensure that you give as much detail regarding the circumstances of the accident or claim as possible.

Please include details of all incidents for vehicles both owned and driven by you.

**Question 3:** Please ensure that you quote the correct conviction 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 ensure that you give the blood/alcohol level at the time of the offence.

Offences should 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 that have been applied.

Please also include dates.

**A COPY OF THIS FORM ALONG WITH A PHOTOCOPY OF THE FRONT AND BACK OF THE LICENCE AND ANY PAPER COUNTERPART MUST BE SUBMITTED TO:**

✉ student.drivers@endsleigh.co.uk

☎ (01242) 866 961

📍 Education Affinity Team, EBIS, Hadley House, Shurdington Road, Cheltenham, GL51 4UE

We aim to respond to your form within three working days, however the driver must refrain from driving any vehicle owned or hired by the Policyholder until cover has been confirmed by Endsleigh Business Insurance Services.