**Driver Questionnaire**

Please submit a copy of your driving licence along with this form to *HR/Finance/H&S Dept.*

*[Photocard licence holders should submit the paper counterpart licence].*

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| **Driver Name:**  |  | **Driver Age:**  |  |
| **Driving Licence No.:** |  | **Type of Licence:**[e.g. UK Full] |  |
| **Date Passed Test:** |  | **Approx. Annual Mileage:**[Business Use]  |  |
| **Section 1: All drivers to complete** |
| 1. | Have you been involved in any motor accidents or made any claims for loss or damage (other than windscreen claims) in the last 5 years?  | Yes | No |
| 2. | Have you ever had any motor vehicle insurance declined, cancelled, or refused?  | Yes | No |
| 3. | Have you been convicted of any driving offences (including fixed penalty notices) in the last 5 years? Or do you have any prosecutions pending?  | Yes | No |
| 4. | Have you been disqualified from driving at any point in the last 11 years?  | Yes | No |
| 5. | Do you suffer from any medical condition or disability that is notifiable to the DVLA?  | Yes | No |
| 6. | Are you taking any medication that may impair your ability to drive?  | Yes | No |
| **If you have answered YES to any of the questions 1-6, please provide full details below:**  |
| **Section 2: Non-company car drivers to complete** |
| 7. | Does your motor insurance policy extend to include cover for business use? | Yes | No |
| 8. | If you vehicle is more than 3 years old, does it have a valid MOT certificate? | Yes | No |
| 9. | Is your vehicle serviced in line with the manufacturer’s recommendations?  | Yes | No |
| 10. | Does your vehicle have valid vehicle tax in place?  | Yes | No |
| **If you have answered NO to any of the questions 7-10, please provide full details below:**  |

*I hereby declare that the above statements are true and that there are no other material facts that need to be disclosed. Furthermore, I agree to advise the company immediately of any changes in the above particulars.*

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| **Driver Signature:**  |  | **Date:**  |  |