**Driver Questionnaire**

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| **Driver Name:**  |  | **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 disabilities that are 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: Those who may drive their own vehicle(s) for work purposes to complete (i.e. anything other than driving to/from their fixed place of work)** |
| 7. | Does your motor insurance policy extend to include cover for business use? | Yes | No |
| 8. | If your 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:**  |

We also need to confirm certain details from your driving licence for which we need a ‘Licence check code’ from the DVLA. Please visit <https://www.gov.uk/view-driving-licence> to generate this code, via the ‘Share your licence information’ tab.

Please print a copy of the licence information and submit it along with this form to the *HR/Finance/H&S Department.* If you do not have access to a printer, please provide the following details instead:

|  |  |  |  |
| --- | --- | --- | --- |
| **Licence check code:**  |  | **Last 8 digits of your driving licence:** |  |

*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:**  |  |