

SELF DRIVE HIRE HORSEBOX INSURANCE HIRER'S QUESTIONNAIRE

One form must be completed for each driver of the horsebox, on each & every occasion, other than drivers declared to and accepted by Underwriters as "regular drivers".

| Basic Hirer Information | | | | |
|--|---|--------------------|--------------------------|--|
| Hirer's Name | | | | |
| Home Address | | | | |
| Tel Nos. | Home | Mobile | Work | |
| Email | | | | |
| Date of Birth | | | | |
| Occupation | Position Held | Nature of Business | | |
| Nationality | | | | |
| Journey Details | | | | |
| Period of Hire | from | | | to |
| Reason for Journey (e.g. going to a horseshow, taking horse to vets, own box being repaired) | | | | |
| Please indicate areas of use | England / Scotland / Wales / Northern Ireland / Other..... | | | |
| Driving History & Licence Information | | | | |
| Country of Issue of Licence | | | | |
| Type of Licence | Full (Cat B) 3.5 tonne / Full (Cat C1) 7.5 tonne / Full (Cat C) HGV | | | |
| Period Licence Held | | | | |
| Claims / Accidents in last 3 years (if none, state none) * TP = Third Party (i.e. the other party/s involved in the accident) | Date | Who's Fault | What Happened | Cost |
| | | Mine / TP* / 50-50 | | £ |
| | | Mine / TP* / 50-50 | | £ |
| | | Mine / TP* / 50-50 | | £ |
| Thefts of Vehicles in last 3 years (if none, state none) | Date | What Happened | | Cost |
| | | | | £ |
| | | | | £ |
| | | | | £ |
| Motoring Convictions in last 5 years (if none, state none) | Date | Conviction Code | No of Points | Fine |
| | | | | £ |
| | | | | £ |
| | | | | £ |
| | | | | £ |
| Medical Conditions (if none, state none) | Medical Condition | | Declared to the DVLA? | Any Restriction Applied to Licence? |
| | | | | |
| | | | | |
| | | | | |

| | |
|--|-------------------------------------|
| How often do you drive a motor vehicle in the UK? | |
| Have you ever had insurance refused or declined? | If yes, please supply details below |
| Have you ever had insurance cover cancelled? | If yes, please supply details below |
| Has an insurer ever applied special terms to your motor insurance as a result of claims? | If yes, please supply details below |
| Have you any non-motoring convictions? | If yes, please supply details below |

Details

Please use this space for any other information you would like to declare

DECLARATION

I declare that :-

- I have read the above questions and answers that have been completed accurately and fully by me or on my behalf from the information that I have supplied
- the statements and particulars given above are to the best of my knowledge and belief true and that no information has been withheld that may influence my acceptance as a driver
- I am not suffering from any loss or loss of use of limb, eye, defective (not corrected) hearing or vision, any heart, diabetic, epileptic condition nor any other infirmity that should be disclosed to the DVLA/DVLNI
- I have not been convicted of any motoring or non-motoring offences other than those stated above
- I have held a full driving licence for at least 12 months

I agree that the information supplied :-

- may be used to check my identity and my suitability to drive
- may be shared with others to facilitate the arranging of insurance on my behalf and for the purposes and processing insurance claims
- may be shared with fraud prevention agencies and databases

I further agree to be bound by the terms and conditions of the insurance which I have seen and read or have had the opportunity to see and read. I understand that subject to the provisions of the Data Protection Act 1998, I am entitled, on the payment of a small fee, to receive a copy of the information held about me.

Driver's Signature:

Identification

(please bring originals of the following documents with you, we will retain copies of your these documents for 12 months, failure to bring these documents with you, will result in you not being able to complete the hire)

| | |
|--|-----------------------|
| Old Style (Paper) Driving Licence | no. |
| New Style Driving Licence (Photocard & Paper Counterpart Required) | no. |
| Utility Bills | provider date of bill |
| | provider date of bill |
| Passport | no. |
| Other Photo ID (e.g. work's ID card) | Description |