

INSURANCE APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS, FAILURE TO DO SO WILL INVALIDATE YOUR APPLICATION.

POST APPLIED FOR (e.g. Driver, Supervisor, Manager): _____

NAME: _____

DATE OF BIRTH (for insurance limitations only): _____

LICENCE NO: _____ **EXPIRY DATE:** _____

DATE PASSED CAR DRIVING TEST: _____ **UK DRIVING LICENCE YES / NO**

IF YOU HAVE PASSED YOUR CAR DRIVING TEST AFTER 01/01/97, PLEASE STATE WHETHER YOU HOLD A PASSENGER CARRYING VEHICLE (PCV) LICENCE? YES / NO

LIST CATEGORIES HELD ON YOUR FULL LICENCE: _____

Do you have your own motor insurance? YES / NO

If YES what is your "No Claims" entitlement _____ years.

1. Have you had any motoring convictions in the last 5 Years? YES / NO

2. Are there any prosecutions pending? YES / NO

3. Have you been banned from driving in the last 10 years? YES / NO

4. Have you been involved in a motor accident in the last 3 years? YES / NO

5. Has any company underwriter ever declined, cancelled or declined to renew any motor insurance or increased the premium or policy excess or imposed special conditions? YES / NO

6. Do you wear spectacles for driving? YES / NO

7. Has your Doctor ever advised you not to drive? YES / NO

If you have answered 'YES' to any of the questions 1-7 above please give details below, including the codes of any endorsements. Please use the reverse of this form if necessary.

I understand that should I be offered a post with West Midlands Special Needs Transport it is subject to my continuing to hold a current full UK driving licence and if there any amendments or alterations to my licence I will notify the Company immediately. I understand false, misleading, or deliberately omitting relevant information will disqualify me from appointment or, if appointed, make me liable to dismissal, without notice.

I confirm to the best of my knowledge, the information given in this application is true and correct.

Signature: _____ **Date:** _____

WARNING: You are liable to prosecution under the Road Traffic Act if you knowingly make a false statement to obtain insurance.