



## Media Motor Insurance Additional Driver Form

Brokers A/C:  
Scheme:

### 1. About The Production Company

Company Name	
Production Name	

Cover required on vehicle registration:

### 2. Driver

First day of cover:  Last day of cover:

Give full details in respect of the main user and All others who will drive, additional drivers are to fill in the additional drivers declaration form and be submitted with a copy of the original proposal.

Full Name	Date of Birth	Date of passing UK test / Type of licence	No. of years resident in UK	Main User (yes or no)	Occupation

#### Have you, or any other person who will drive the vehicle-

- a) Lost an eye, limb or part of a limb, defective vision or hearing, any physical or mental infirmity, epilepsy, diabetes or any heart complaint or any other abnormal medical conditions? Yes  No
- b) Been convicted of any motoring offences other than parking, including fixed penalty offences? Or is any prosecution pending? Yes  No
- c) Ever been convicted of arson or any offence involving dishonesty? Yes  No
- d) Ever been disqualified from driving? Yes  No
- e) Ever been refused any motor vehicle insurance or continuance thereof or be required to pay an increased premium or had special conditions imposed? Yes  No
- f) During the past 5 years have you been involved in any accident or claim irrespective of blame; or loss by fire or theft? Yes  No

**If you have answered 'yes' to any of the above questions please give full details below including details of driver, relevant dates, costs and circumstances. Please use an additional sheet if required.**

Policyholder's Signature:

Date: