

YOUNG DRIVER SUPPLEMENTARY DECLARATION

All questions must be complete

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| --- |
| Name of policyholder |
| Address |
| Postcode |
| Car registration number |

|  |  |
| --- | --- |
| 1. | How many vehicles are in the household?(Include commercial vehicles, taxi, companycars/motor cycles) |
|  | Please name the main driver of each of these vehicles- |
|  |  |
| 2. | Is the NCD earned on all of these vehicles?  |
| 3. | Registration number of car to be insured  |
| 4. | Whose name is on the tax book?  |
| 5. | Who owns this car?  |
| 6. | Hire Purchase(a) Is there an HP agreement in force?  |
|  | (b) Whose name is the agreement in?  |
|  | (c) Whose name is the bank account in if premiumbeing paid by instalments?  |
|  | If the credit agreement is other than thepolicyholder/spouse/common-law spouse why/forwhat reason?  |
| 7. | Drivers(a) Who is the main driver of this car (to be insured)?  |
|  | (b) Is the main driver also the main driver of anothervehicle?  |
|  | (c) Does the policyholder own any other vehicle?  |
|  | (d) Is the policyholder a named driver on any othervehicle?  |
|  | If answered “Yes”- |
|  | How many vehicles?  |
|  | What is the use?  |
|  | How often would you drive this/these vehicles perweek?  |
|  | (e) Will the policyholder use this car (to be insured) forbusiness use?  |
|  | (f) Will the policyholder use this car (to be insured) totravel to and from work?  |

Please complete below for all named drivers on this policy

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Does this driver use this vehicle social domestic or pleasure?If so how many days per month would they use this vehicle? | Does this driver use this vehicle for commuting?If so how many days per month would they use this vehicle to travel to and fromwork? | Does this driver have access to another car? | Does this driver have a Part time job? If so how many days per month would they use this vehicle to go to and from work? | Does this driver go to College/school? If so how many days per month would they use this vehicle to travel to and from College? |
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Further comments:

I declare that the above details are complete and correct. I understand if any previous information was incorrect or if I have withheld any relevant information-

A claim may be declined by AXA Insurance The policy may be cancelled by AXA Insurance

The premium previously quoted may be amended by AXA Insurance

I confirm that should any of the above information change I will notify my Broker immediately

|  |  |
| --- | --- |
| Signature of proposer  | Date |

**Please enclose a copy tax book for this car to be insured**