



YOUNG DRIVER SUPPLEMENTARY DECLARATION  
All questions must be complete

Name of policyholder \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Car registration number \_\_\_\_\_

1. How many vehicles are in the household?  
(Include commercial vehicles, taxi, company cars/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 premium being paid by instalments? \_\_\_\_\_  
If the credit agreement is other than the policyholder/spouse/common-law spouse why/for what 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 another vehicle? \_\_\_\_\_  
(c) Does the policyholder own any other vehicle? \_\_\_\_\_  
(d) Is the policyholder a named driver on any other vehicle? \_\_\_\_\_  
If answered "Yes"-  
How many vehicles? \_\_\_\_\_  
What is the use? \_\_\_\_\_  
How often would you drive this/these vehicles per week? \_\_\_\_\_  
(e) Will the policyholder use this car (to be insured) for business use? \_\_\_\_\_  
(f) Will the policyholder use this car (to be insured) to travel 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 from work?	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?

Further comments:

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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**