

Fleet Drivers Annual Questionnaire



Name/Insured _____
Drivers Name _____
Date of Birth _____
How long have you held a full driving licence _____
Registration number of vehicle mainly used by you _____

PLEASE PROVIDE THE ANSWERS TO THE QUESTIONS BELOW:

Have you sustained any motoring convictions in the past 5 years or do you have any prosecutions pending? Yes No
If Yes, give details including conviction code, date & penalty _____

Do you have any physical or mental defects or do you suffer from diabetes, fits or any heart complaint? Yes No
If Yes, give details _____

Have you been involved in any accidents in the last 3 years in vehicles OTHER than those covered under the Company Fleet policy? Yes No
If Yes, give details _____

I DECLARE THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signature of Driver _____ Date _____

PLEASE ATTACH PHOTOCOPY OF CURRENT DRIVING LICENCE

Turner and Company

34-36 Princess Road West, Leicester. LE1 6TQ Tel: 0116 2999000 Fax: 0116 2999001 www.turnerand.co.uk
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