

Graphical user interface, application  Description automatically generatedYOUNG 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:

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**