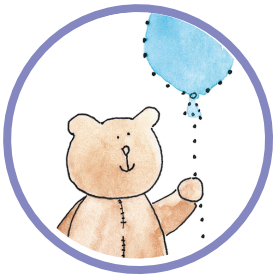

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wheels

Driver Questionnaire

Nursery Name	
Drivers Full Name	
Date of Birth	
Type of Licence Held	
Country of Issue	
Date of Issue	
Please give details of all accidents, claims or losses regardless of blame in connection with any vehicle in the last 5 years. **Continue on a separate sheet if necessary**	
Have you ever been disqualified from driving for any motor offence? If yes please provide full details	Yes / No
Please give details of all motoring convictions in the last 5 years including fixed penalties and impending prosecutions. **Continue on a separate sheet if necessary**	
Do you have a DVLA notifiable condition?	Yes / No
If yes, has the condition been reported?	Yes / No
Are you currently taking any medicines or prescribed drugs that may induce drowsiness or otherwise impair your driving?	
It is an offence under the Road Traffic Act to make a false statement or withhold any Material Information for the purposes of obtaining Motor Insurance. Material information includes convictions or endorsements awarded against you and if you are in any doubt you should disclose the information.	
I confirm that the above information is a true and accurate record to the best of my knowledge at the time of completing this form.	
Signature	
Date	