



**EUROPA**  
GENERAL  
An RSA Group Company

# EUROPA GENERAL UNDERWRITERS (N.I.) LIMITED

Policyholder:

Policy No:

Name of Driver:

Date of Birth:

Category of Driver:

\* Spouse / Named Driver \* delete as appropriate

Occupation(s): Full-time:  
Part-time:

Type of vehicle(s) to be driven:

Class(es) of UK licence held:

Motorcycle A1, A	Car/Vans <7.5t B1,B,C1,C1E	LGV C	HGV CE	Minibus D1, D1E	Coach D, DE	PSV (Taxi)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date test passed / licence obtained:

<input type="text"/>	Years	Number of years driving experience in respect of a private car:	<input type="text"/>	Years
<input type="text"/>	Months		<input type="text"/>	Months

Has any insurer ever declined your proposal, cancelled or refused to renew your policy, required an increased premium or imposed special terms or conditions?  
If yes, please give full details:

\* YES / NO \* delete as appropriate

Does the driver suffer from defective vision or hearing, diabetes, epilepsy, heart condition or mental infirmity? If yes, please specify:

\* YES / NO Condition: \* delete as appropriate

If so, have the DVLNI been advised and issued a licence?

\* YES / NO \* delete as appropriate

Please give full details of any accidents and losses involving the driver within the last three years:

Accident Date	Circumstances	Cost of Claim	
		Own Damage	Third Party
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please give full details of prosecutions (including pending prosecutions), convictions or fixed penalties in relation to motoring offences:

Conviction Date	Conviction / Offence Code	Fine	Points	Disqualification (months)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**DECLARATION**

I/We declare that the above statements are true and complete to the best of my/our knowledge and belief, and that no material facts or other information have been withheld, misrepresented or suppressed which might increase the risk or influence the granting of Insurance by the Underwriters.

Signature of Additional Driver: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Policyholder: \_\_\_\_\_ Date: \_\_\_\_\_

**UNDERWRITERS RESERVE THE RIGHT TO DECLINE ANY PROPOSAL SUBMITTED, OR TO REQUIRE SPECIAL TERMS AND CONDITIONS OF ACCEPTANCE.**

Europa General Underwriters (N.I.) Limited are authorised and regulated by The Financial Services Authority