SELF DRIVE HIRE HORSEBOX INSURANCE HIRER'S QUESTIONNAIRE



A form must be completed by each hirer/driver, other than drivers declared to us as non-hiring drivers Hire Firm Details

Hire Firm Name

Horsebox	Registration No.	

			HOI SEDOX	Registratio	n no.			
Hirer Information								
Hirer's Name								
Home Address								
	How lo	ng have you lived at	t this address?		V	ears	n	nonths
		ng do you plan to liv			•			
		ng do you plan to ilv		bo!				
Tel Nos.	Home		Mobile		Work			
Email								
Date of Birth								
Occupation								
Nationality								
Journey Details								
Period of Hire								
Reason for Journey								
(e.g. horseshow, vets etc)								
Please indicate								
areas of use								
Driving History & Lice		ormation						
Country of Issue of Licen								
Driving Licence Categorie	es Held							
Date driving test passed								
Driving Licence Number	atoring of	nuistione electronicell	www.maad.a.Ch	aak Cada fram		V/I A +c		(Q) 18
The DVLA only record main licence details. To obtain								
on www.gov.uk/view-driv					, or log			
Your DVLA One Time								
Access Code	000	Code						
		(valid 21 days from						
Motoring Convictions in la vears – this Q must be co		Date of	Date of	Conviction		No of Points		Fine
		Offence	Conviction	Code				
if NONE please sta	ate							£
			1					£
What Motor Vehicle								r insurers
Claims, Accidents,	Date	Fault	What Ha	opened	Cos			er ALL
Fires and Thefts								osts from
have you had in last							the	TP?
three years?								
		Mine / TP* / 50-50			£		YES	S / NO
if NONE please								
state NONE								
* TP = Third Party		Mine / TP* / 50-50			£		VEC	S / NO
(i.e. the other party/s involved		WIIIIe / TF / 50-50			L		TEC	D/INO
in the accident)								
Medical Conditions				Declared to		Do yc	ou hold a	a valid
		Medical Conditi	on	the DVLA?	lice			veight of
if NONE please					\\	<u>vehic</u> l	e being	hired?
state NONE								

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How often do you drive a motor vehicle in the UK?	
How long have you been driving this regularly?	
Have you ever had insurance refused or declined?	
Have you ever had insurance cover cancelled?	
Has an insurer ever applied special terms to your	
motor insurance as a result of claims?	
Have you any non-motoring convictions?	
Please use this space for any other information you would like	to declare
DECLARATION	
I declare that :-	
 I declare that :- I have read the above questions and answers that have been completed 	accurately and fully by me or on my behalf from
I declare that :-	
 I declare that :- I have read the above questions and answers that have been completed the information that I have supplied the statements and particulars given above are to the best of my knowled been withheld that may influence my acceptance as a driver 	ge and belief true and that no information has
 I declare that :- I have read the above questions and answers that have been completed the information that I have supplied the statements and particulars given above are to the best of my knowled been withheld that may influence my acceptance as a driver I am not suffering from any loss or loss of use of limb, eye, defective (not 	ge and belief true and that no information has corrected) hearing or vision, any heart, diabetic,
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