



CONVICTION QUESTIONNAIRE

Policyholder:

Policy No:

Name of Driver:

Date of Birth:

Please answer the following to the best of your knowledge and belief.

**Delete as necessary*

1) Have you ever been convicted of any motoring/criminal offence? Yes/No*
if Yes, please advise:-

a) Type of conviction:

b) Date of conviction:

c) Fine imposed, if any:

d) Ban imposed, if any: months
if banned, date licence returned:

e) Was any imprisonment imposed: Yes/No*, if so, for how long? Months

f) Were any other penalties imposed, e.g: Community Service, probation etc?

g) Was the conviction as a result of an accident: Yes/No*
If so, did the accident result in a Personal Injury claim? Yes/No*

2) If the conviction was in respect of driving whilst under the influence of drink, please also answer the following:

a) Please advise the level of alcohol in the following:

Blood:	milligrams
Urine:	milligrams
Breath:	milligrams

I declare to the best of my knowledge and belief the above statements and statements are true and correct. I understand that failure to disclose all facts known to me which would be considered by the Insurer as likely to influence the assessment and acceptance of a risk could render the Policy inoperative. (Note: Where there is any doubt whether facts would be considered material, those facts should be disclosed)

Signed:

Date: