

Self Drive Horsebox Hire Insurance Questionnaire

One form must be completed for **each driver** of the horsebox, on **each & every** occasion.

Basic Information

Horsebox Reg No.	<input type="text"/>	Date of Birth	<input type="text"/>
Hirer's Name	<input type="text"/>	<input type="text"/>	
Home Address-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Nationality	<input type="text"/>
Home Telephone No.	<input type="text"/>	Email	<input type="text"/>
Mobile Telephone No.	<input type="text"/>		
Occupation	<input type="text"/>		
Position Held and nature of business	<input type="text"/>		

Journey Details

	Time		Date (DD/MM/YY)
Period of Hire From	<input type="text"/> am/pm		<input type="text"/> <input type="text"/> <input type="text"/>
To	<input type="text"/> am/pm		<input type="text"/> <input type="text"/> <input type="text"/>
Reason for Journey	<input type="text"/> <i>(e.g. horse show, vet, own box being repaired)</i>		
Please indicate areas of use	<input type="text"/> <i>England / Scotland / Wales / Northern Ireland / etc.</i>		

Driving History & Licence Information

Country of Issue of Licence	<input type="text"/>		
Type of Licence	Full (Cat B) 3.5 tonne <input type="checkbox"/>	Full (Cat C1) 7.5 tonne <input type="checkbox"/>	Full (Cat C) HGV <input type="checkbox"/>
Period Licence Held	<input type="text"/>	DVLA driver check code (Obtained from the link) https://www.gov.uk/view-driving-licence	<input type="text"/>

Claims / Accidents in the last 3 years (if none, state none)

Date (DD/MM/YY)	Who's Fault	Cost (Mine / TP* / 50-50)
<input type="text"/>	<input type="text"/>	£ <input type="text"/>

*TP = Third Party (i.e. the other party/s involved in the accident)

What Happened

Thefts of Vehicles in last 3 years (if none, state none)

Date (DD/MM/YY)	Cost (Mine / TP* / 50-50)
<input type="text"/>	£ <input type="text"/>

What Happened

Motoring Convictions in last 5 years (if none, state none)

Date (DD/MM/YY)	Conviction Code	No. of Points	Fine
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Date (DD/MM/YY)	Conviction Code	No. of Points	Fine
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Date (DD/MM/YY)	Conviction Code	No. of Points	Fine
<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>

Medical Conditions *(if none, state none)*

Medical Conditions

Any Restriction applied to Licence?

Have you ever had insurance refused or declined?

 Yes / No

Have you ever had insurance cancelled?

 Yes / No

Has an insurer ever applied special terms to your motor insurance as a result of claims?

 Yes / No

Have you any non-motoring convictions?

 Yes / No

Please use this space for any other information you would like to declare

Medical Conditions Declared to the DVLA

How often do you drive a motor vehicle in the UK?

If yes, please supply details

If yes, please supply details

If yes, please supply details

If yes, please supply details

Declaration

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 the information that I have supplied
- the statements and particulars given above are to the best of my knowledge and belief true and that no information has 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 corrected) hearing or vision, any heart, diabetic, epileptic condition nor any other infirmity that should be disclosed to the DVLA/DVLNI
- I have not been convicted of any motoring or non-motoring offences other than those stated above
- I have held a full driving licence for at least 2 years

I agree that the information supplied :-

- may be used to check my identity and my suitability to drive
- may be shared with others to facilitate the arranging of insurance on my behalf and for the purposes and processing insurance claims
- may be shared with fraud prevention agencies and databases

I further agree to be bound by the terms and conditions of the insurance which I have seen and read or have had the opportunity to see and read. I understand that subject to the provisions of the Data Protection Act 1998, I am entitled, on the payment of a small fee, to receive a copy of the information held about me.

Drivers Name

Signature

Identification

(Please bring originals and copies of the following documents with you, we will retain copies of these documents for 12 months, failure to bring these documents with you, will result in you not being able to complete the hire)

Old Style (paper) Driving Licence No.

New Style Driving Licence *(Photocard required)*.

Passport No.

Utility Bills (x2)

Provider

Bill Date (DD/MM/YY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Provider

Bill Date (DD/MM/YY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Richard Furness T/A
K F Furness and Partners**