

SELF DRIVE HIRE HORSEBOX INSURANCE HIRER'S QUESTIONNAIRE

A form must be completed by each hirer/driver, other than drivers declared to us as regular drivers

Hire Firm Details					
Hire Firm Name			Horsebox Registration No.		
Hirer Information					
Hirer's Name					
Home Address					
How long have you lived at this address? _____ years _____ months					
How long do you plan to live at this address? _____					
Tel Nos.		Home	Mobile	Work	
Email					
Date of Birth					
Occupation		Position Held		Nature of Business	
Nationality					
Journey Details					
Period of Hire		from _____		to _____	
Reason for Journey (e.g. going to a horseshow, taking horse to vets, own box being repaired)					
Please indicate areas of use		England / Scotland / Wales / Northern Ireland / Other.....			
Driving History & Licence Information					
Country of Issue of Licence					
Type of Licence		Full (Cat B) 3.5 tonne /		Full (Cat C1) 7.5 tonne / Full (Cat C) HGV	
Period Licence Held _____ / _____ / _____					
What Motor Vehicle Claims, Accidents, Fires and Thefts have you had in last three years? <div style="border: 1px solid black; padding: 5px; width: fit-content;">if NONE please state NONE</div>	Date	Fault	What Happened	Costs	Did your insurers recover ALL claim costs from the TP?
		Mine / TP* / 50-50		£	YES / NO
		Mine / TP* / 50-50		£	YES / NO
		Mine / TP* / 50-50		£	YES / NO
* TP = Third Party (i.e. the other party/s involved in the accident)					
Motoring Convictions in last 5 years <div style="border: 1px solid black; padding: 5px; width: fit-content;">if NONE please state NONE</div>	Date	Conviction Code	No of Points	Fine	
				£	
				£	
				£	
				£	
Medical Conditions <div style="border: 1px solid black; padding: 5px; width: fit-content;">if NONE please state NONE</div>	Medical Condition		Declared to the DVLA?	Any Restriction Applied to Licence?	

How often do you drive a motor vehicle in the UK?	
How long have you been driving this regularly?	Months Years
Have you ever had insurance refused or declined?	If yes, please supply details below
Have you ever had insurance cover cancelled?	If yes, please supply details below
Has an insurer ever applied special terms to your motor insurance as a result of claims?	If yes, please supply details below
Have you any non-motoring convictions?	If yes, please supply details below

Details

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

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 two 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.

Hirer/Driver's Signature	Date of Signing
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Identification

(please bring originals of the following documents with you, we will retain copies of your 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 & Paper Counterpart Required)	no.
Utility Bills	provider date of bill
	provider date of bill
Passport	no.
Other Photo ID (e.g. work's ID card)	Description