



Insurance Booking Form

A form to be completed by each driver

Please note that we cannot release the campervan without sight of your Driving License and two other forms of ID- e.g. a household bill or bank statement.

Please remember to bring these with you. (Please send a copy of these with the completed booking form)

NAME: DATE OF BIRTH:

ADDRESS:

POSTCODE:

TELEPHONE (HOME)

TELEPHONE (MOBILE)

EMAIL:

DRIVING LICENSE NUMBER

NATIONAL INSURANCE NUMBER:

(An insurance requirement in order to check with the DVLA for driving endorsements) If you do not wish to provide this information you can go online to the DVLA and request a code that you can supply to us so that we can verify your license online. Please ask for more details)

OCCUPATION

EMPLOYERS NAME

EMPLOYERS TELEPHONE NUMBER

EMPLOYERS ADDRESS

DATE DRIVING TEST PASSED: COUNTRY OF ISSUE:

MOTORING ACCIDENTS IN THE LAST 3 YEARS (include fault/non fault claims)? **YES/NO**

PLEASE STATE THE DATE:

If the answer to the above is yes, please provide details of the accident including whether it was fault or no fault, total costs including repairs and any other associated costs

DRIVING ABILITY SUCH AS STROKE/DEAFNESS/HEART CONDITION/DIABETES/LOSS OF LIMB/VISUAL IMPAREMENT/EPILEPSY: **YES/NO**

If so please list;

HAVE YOU EVER BEEN REFUSED MOTOR INSURANCE: **YES/NO**

If so please name the company

HAVE YOU EVER BEEN CONVICTED OF ANY MOTORING OFFENCES: **YES/NO**

If so please list the offence codes as stated on your license

Please note that the answers to these questions may prohibit you from hiring a vehicle but for insurance purposes you must declare all endorsements, motoring accidents and physical or mental conditions.

The main drivers insurance is included in the hire of the vehicle which covers one named driver between the ages of 25 and 75 with a full clean driving license.

The insurance excess payable by you is £500

The insurance relates to the vehicle, not to each driver

Before you send your application, please read it through carefully and check that all details are correct.

Your insurance may be invalid if there are omissions or errors on the document

I 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

SIGNED:

PRINTED:

DATE: