



Information required by the insurance company.

Please complete this form and either post or email it back to us, this form is essential in order for the insurance details to be processed. This form needs to be completed for each driver of the Motorhome.

Name:

Driving Licence Number:

The Date you passed your driving test:

Hirers Occupation:

Employed by:

Employers / Place of work telephone:

Do you suffer from any physical / mental defects:

Any motoring accidents within the last three years:

Have you ever been refused motor insurance:

Do you have motor convictions or pending prosecutions: