

K) Has he/she ever been refused motor insurance, had a policy cancelled, or had special terms imposed? Yes No
If "Yes", please give full details:

L) Does he/she own their own vehicle? Yes No
If yes do they have seperate insurance for same? Yes No

Declarations

I warrant that all the above statements and particulars are true and complete and that I have not suppressed, misrepresented or misstated any material fact.

Signature of Additional Driver: **X** _____ Date **X** | | | | | | | | | |

I hereby declare that, to the best of my knowledge, the above information is true and complete and I agree that this document shall be incorporated into and shall form part of the contract between me/us and the Company.

Signature of Policyholder: **X** _____ Date **X** | | | | | | | | | |

Period Of Cover For Additional Driver FROM | | | | | | | | | |
TO | | | | | | | | | |

Duty of Disclosure: We wish to draw your attention to the serious consequences of failure to disclose all material information. Material information is that which we would regard likely to influence our assessment and acceptance of this insurance. If you are in any doubt as to whether or not any information is material, it should be disclosed.

Please return to: KennCo Underwriting Ltd, Suite 7 Grange Road Office Park, Grange Road, Rathfarnham, Dublin 16
Telephone: 01-4994600
Fax: 01-4954627

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