



GemLife™

DRIVERS DECLARATION

The following information has been requested by our insurer to assist them in determining the risk involved with insuring our business.

You are required to answer the following questions truthfully and should not withhold information that may be relevant to the insurer determining whether to insure you as a driver.

Name of Driver: _____

Residential Address: _____

Date of Birth: _____

Driving Licence No: _____ State of Issue: _____

Type of Licence: O / P / L Class of Licence: _____ Expiry Date: _____

Years Licenced to Drive This Type of Vehicle: _____

In the last 10 years, have you: **Yes** **No**

Been charged with any criminal offence?

Been convicted of arson, theft, fraud, violence, malicious damage or any drug related offence?

Have you been declared bankrupt and not been discharged for at least one year?

In the last 5 years, have you: **Yes** **No**

Had any fines or penalties imposed for a traffic offence, other than a parking fine?

Been convicted of any driving related alcohol or drug offences?

Had a driver's licence cancelled, suspended or disqualified for any period?

Been responsible for causing any motor accident?

Had any other incidents involving vehicle damage or vehicle theft?

Had any insurance policy or proposal declined, cancelled, voided, renewal refused or special conditions imposed or had a claim declined?

Do you suffer from any physical or mental disability or medical condition that could affect your driving performance? E.g. Epilepsy, diabetes, heart condition, faulty eyesight

If you have answered 'yes' to the prior question, have you received medical clearance to drive?

If you have answered YES to any of the above questions, please provide full details, including date and penalty (use back of page if insufficient space):

Drivers Signature: _____ Date: _____

Shuttle Orientation Completed by: _____ Date: _____