



Motor Insurance - Driver Questionnaire

Please note driver form must be completed and forwarded to Quartz Insurance Brokers prior to insurance cover

Production Company:

Production Name:

Address:

- (1) **Drivers Name:**
- (2) **Age**.....
- (3) **Length of driving experience under a full licence**.....
- (4) **Have you**

(a) Been convicted of any offence in connection with a motor vehicle, or is any such prosecution pending for:

Dangerous Driving (endorsement codes DD10/20/30/40/50/60/70)	YES	NO
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Drinks/Drugs (endorsement codes DE10/20/30/40/50/60/70)	YES	NO
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Disqualification from driving for any other reason	YES	NO
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Theft of unauthorized taking (endorsement codes UT10/20/30/40)	YES	NO
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In the past three years been involved in any accidents or Claims in connection with a motor vehicle driven by yourself	YES	NO
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At any time suffered from any hearing complaints, diabetes, Fits or any other mental or physical infirmity	YES	NO
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At any time been refused insurance or quoted an increased Premium or had special terms imposed	YES	NO
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Please circle whichever is applicable, If any answer to any part of Question 4 is YES, please provide full details (including circumstances giving rise to the offence).

Please return form to craig.gray@quartzib.com fax: 0044 (0)117 9172087

QUARTZ INSURANCE BROKERS LTD

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