Part	2	D	etails	of Dr	iving	Histo	ny ALL DI	RIVERS			
2.1	Have you, or has any	Yes		No 🗸	lf 'Y	res', plea	se give details a	ind dates			
	person who to your knowledge will drive, ever										
	een convicted (and/or is a					***************************************					
а	prosecution pending) for ny motoring offence, other										
	than parking offences, or							***************************************			
s	ustained any fixed penalty offences?										
			**************************************								
2.2	Have you, or has any	Yes		No 🖣	$\overline{Z}$ if	'Yes', ple	ease give details	6			
	person who to you knowledge will drive, suffer							***************************************			
	from or have suffered from	-		***************************************	and the second						
	defective vision and/or hearing, heart condition		***************************************								
	fits, epilepsy, diabetes, loss of use of limb, arthritic										
	condition and/or any othe	r <u>L</u>									
	disease, disorder, illness o physical infirmity, unless			**********							
	notified to and accepted by	/									
	DVLA				######################################	***************************************					
				***************************************				***************************************			
			***************************************				***************************************				
		L			***************************************		*******************************		edocoty extensived distribution (1) commendated		
2.3	Number of years No	2									
	Claims Bonus <sup>£</sup> entitlement										
	Type of policy earned on	Votor Tra	de Policy								
	Type of policy calling and				**************						
	Did the policy expire	/es							j.		
	within the last 2 years?	····									
	Do you want to protect your No Claims Bonus?	No									
	your no olamo zones								8****		
2.4	Has any Company or Underwriter at any time or in respect of motor		Declined	to insure	?				No 4		Yes
		r b	Required	increase	ed prem	nium or sp	ecial terms?		No •		Yes
	insuran	e		celled the policy?							
	u u	C				50	. 10		-	7	Yes
	d Refused to renew of altered terms for renewal.										
	Required you to bear the first portion of any or all payments under No Yes the policy?										
	SI	02.0		Sent !	Date		Incident t	vne	Total cost		
2.5	Please give full particulars of every	Dr Ir Simon	Cordell	14/00	Dat 9/2013		Accident	2810			
	accident, claim and/or Loss which has occurred	m Simon	Joidell	1140			JL				
	during the past three										
	years									1	