

Supplementary Loss of Licence Cover (Top-Up) APPLICATION FORM – CONTINUATION

Licence Type (Please Tick)

Group 1 Licence		Group 2 Licence			Other Licence	
Car Licence	<input type="checkbox"/>	PCV	<input type="checkbox"/>	LGV	<input type="checkbox"/>	Please specify: <input type="text"/>

It is important to register all licence categories that you wish to be covered.

DECLARATION AND CONSENT – Please now READ and COMPLETE the following carefully and SIGN below.

I declare that the information given in this application form is true and complete to the best of my knowledge and belief and I have completed the section below.

I understand that any pre-existing condition is excluded from cover.

Please Tick

I will tell the DriverCare Administration Unit about any employment changes.

Please Tick

I will tell the DriverCare Administration Unit about any changes in my state of health which may lead to the relevant Licensing Authority revoking or refusing to renew my professional licence.

Please Tick

NOTE: A copy of this completed form will be supplied on request within a period of three months after its completion. Please note that we may return the application form if completed incorrectly or if any information is missing.

Data Protection Act 1998

The information you have provided will become part of the personal data held by Unite the Union, and will be used by AllClear Insurance Services for the provision and administration of the Schemes. It may be disclosed to other companies for claims handling purposes. In addition, we may seek information from other companies to check the answers you have provided. Where fraud is suspected, we may disclose data to other parties if they request information in writing from us.

Your signature

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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