# Volunteer Driver Insurance Form

DR HADWEN TRUST FOR HUMANE RESEARCH

Name: .....

Address: .....

.....

.....

Date: .....

To: (Insurance company) .....

Re: (Policy number) .....

Dear Sir/Madam

I intend to undertake voluntary work and, from time to time, I will use my vehicle to carry passengers or to carry out other duties, as requested. I will receive a mileage allowance for these journeys to cover the running costs of my vehicle in accordance with Section 1(4) of the Public Passenger Vehicles Act 1981, which exempts me from both Passenger Service Vehicle and Hackney Carriage / Private Hire Car licensing laws.

I should be grateful if you would confirm that my existing policy covers me for such volunteer driving by completing the section below and returning to me at the address above. Please also confirm that my insurance policy contains a clause indemnifying the agencies with which I am a volunteer against third party claims arising out of the use of my vehicle for such voluntary work.

Yours faithfully,

Policy holder's signature: .....

Policy holder's name (please print): .....

From: (Insurance company) .....

Re: (Policy number) .....

Policy holder / driver: .....

This is to confirm that your insurance policy covers voluntary driving (for which a mileage allowance may be received). This also confirms that the above policy contains a clause indemnifying the agencies with which you are a volunteer against third party claims arising from the use of the vehicle on such voluntary work.

Official stamp

Issued by: .....

Date: .....