

**IMPORTANT MESSAGE**

All questions must be answered in full where appropriate. If insufficient space is available to provide the information requested, please use the supplementary proposal form. It is essential that you provide us with all material facts. A material fact is information that is likely to influence our decision and/or assessment of your proposal. If you are in any doubt as to whether a particular piece of information is material, you should disclose it. Failure to disclose all material facts may invalidate your Policy or result in your Policy not operating fully. You should keep a copy of all information supplied to us. At your request, we will provide you with a copy of this within 3 Months after its completion.

WE RESERVE THE RIGHT TO DECLINE ANY PROPOSAL. NO COVER IS IN FORCE UNTIL A CERTIFICATE OF INSURANCE HAS BEEN ISSUED.

This Policy is insured by AXA Insurance dac. AXA Insurance dac is a private company limited by shares with its registered offices at Wolfe Tone House, Wolfe Tone Street, Dublin 1. AXA Insurance dac is regulated by the Central Bank of Ireland. This statement of facts is an agreement between you and the Insurer whose name is shown above. This and other information provided in connection with the Statement of Facts form the basis of the contract between you and Insurers. KennCo Underwriting Limited will act in accordance with an authorisation granted under contract on behalf of the Insurer named above.

**1. PROPOSER DETAILS**

Company Name (if applicable):

Title:  First Name(s):  Surname:  Date of Birth:   
(Mr/Mrs/Ms/Dr etc)

Address:

Work Address (If you use the vehicle to commute to work):

Tel No. (home)  Mobile Tel No:  Email address:

Work Tel No:  Sex: (Male/Female)  Licence type:  Licence years held:

Occupation  Nature of Business:  VAT Registered:

Inc. part-time:  Are you a home owner?  Yes  No

Length of residence in Ireland:

**2. NO CLAIMS DISCOUNT DETAILS**

Do you hold/have you held insurance on a motor vehicle? *If yes, state previous insurer, expiry date, policy number and No Claims Bonus years.*

Insurer	Expiry Date	Policy Number	NCB (yrs)
<input type="checkbox"/> No <input type="checkbox"/> Yes			

Have you ever been named on a motor insurance policy? *If yes, state years named and on whose policy.*

No  Yes

Do you require full NCB protection? (subject to acceptance criteria) *Additional premium will apply* (Not applicable to PSV policies)  No  Yes

Do you require a Voluntary Excess? (in addition to the standard policy excess)

No  Yes  €100  €200  €300  €500

**3. VEHICLE DETAILS**

Make and Model (include Gti, GLX, Turbo etc.)	Engine Size or Carrying Capacity	Type of Body (hatchback, saloon etc.)	No. of Seats or Licenced Passengers
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Year of Manufacture	Purchase Date	Left / Right Hand Drive	Present Value	Registration Number	Estimated Mileage	No of Vehicles Owned/Used
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate your answer to the following questions by ticking the appropriate 'Yes' or 'No' box

	Yes	No
a) Has the vehicle been modified from the manufacturer's standard specification? (including the fitting of communication/metering equipment, body kits etc.)	<input type="checkbox"/>	<input type="checkbox"/>
b) Is the vehicle financed, leased or on a hire purchase agreement?	<input type="checkbox"/>	<input type="checkbox"/>
c) Do you or any named driver have use of any other vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
d) Is the vehicle owned by you and registered in your name?	<input type="checkbox"/>	<input type="checkbox"/>
e) Has the vehicle any anti-theft devices / tracker?	<input type="checkbox"/>	<input type="checkbox"/>
f) Is the vehicle kept at the above address?	<input type="checkbox"/>	<input type="checkbox"/>
g) Is the vehicle kept in a locked garage?	<input type="checkbox"/>	<input type="checkbox"/>
h) Has the vehicle ever been declared an economic write-off or a total loss?	<input type="checkbox"/>	<input type="checkbox"/>
i) Has the vehicle been previously registered outside Ireland?	<input type="checkbox"/>	<input type="checkbox"/>

(if you have ticked any shaded boxes for any of the above questions, give full details below)

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

#### 4. DRIVERS DETAILS

Driving restricted (tick as required): Insured Only Driving  Insured and Spouse  Insured and Named Drivers

	Title	First name	Surname	Date of Birth	Sex	Occupation (inc. part-time)	Employers Business	Licence type	Date Licence Obtained	Main User
Proposer										
Driver 1										
Driver 2										
Driver 3										

Have you or any named driver

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| a) ever been convicted of any motoring offence (including penalty point offences) or been warned verbally or in writing of any possible pending prosecution? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) ever been disqualified from driving or had a driving licence suspended or revoked?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c) ever had a motor insurance policy cancelled or refused or had special terms imposed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d) had any ACCIDENT, LOSS, FIRE or THEFT claim within the last FIVE years, regardless of blame?  | <input type="checkbox"/> | <input type="checkbox"/> |
- If you have ticked any shaded boxes for any of the above questions, give full details below*

	Title	First name	Surname	Date of Offence or Claim	Offence of Claim Details	Sentence, Fine, Disqualification Period or Penalty Points or cost of claim
Proposer						
Driver 1						
Driver 2						
Driver 3						

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>Yes</b>               | <b>No</b>                |
| e) ever suffered from diabetes, epilepsy, heart disorder vision/hearing, loss of any limb, or suffer from any mental/physical infirmity | <input type="checkbox"/> | <input type="checkbox"/> |
| f) ever been convicted of a CRIMINAL non-motoring offence   | <input type="checkbox"/> | <input type="checkbox"/> |
| g) lived outside of the European Union within the last FIVE years, other than for a holiday   | <input type="checkbox"/> | <input type="checkbox"/> |
- If you have ticked any shaded boxes for any of the above questions, give full details below*

	Title	First name	Surname	Date of onset of condition	Details of Medical Condition (include medication and amounts)	Date of CRIMINAL conviction	Details of Conviction (include sentence)	Period of residence Outside EU
Proposer								
Driver 1								
Driver 2								
Driver 3								

h) ever participated in any driver training programme, such as Institute of Advanced Motorists etc.?

*If yes, please give name of the programme - a copy of pass certificate will be required*

No  Yes

#### 5. COVER AND USE DETAILS

Please indicate what cover you require. Comprehensive  Third Party, Fire & Theft

Indicate the use of the vehicle by ticking each appropriate box for each driver

Social, domestic & pleasure only

S, D & P and commuting (to one permanent place of work / study)

Class 1: Personal Business (for self-employed policyholders only)

Class 2: Employers Business and / or commuting to various places of work

Class 3: Selling/commercial travelling

	Proposer	Driver 1	Driver 2	Driver 3
Social, domestic & pleasure only				
S, D & P and commuting (to one permanent place of work / study)				
Class 1: Personal Business (for self-employed policyholders only)				
Class 2: Employers Business and / or commuting to various places of work				
Class 3: Selling/commercial travelling				

#### 6. DECLARATION

I/We declare that to the best of my/our knowledge and belief, the statements in this proposal are true and complete and I/we have not withheld any material information. If such statements are computer printed or in the writing of another person, the person completing this form or keying the information into the computer system acted as my/our agent for such purposes. I/We now invite KennCo Underwriting Limited to act upon these statements and issue a contract of insurance between myself/ourselves and the Insurer concerned. I/We accept the Insurer's policy subject to its terms, conditions and exceptions.

I/We consent to the information on this proposal and on any claim I/we make being supplied to any other person and/or organisation as KennCo Underwriting Limited or any Insurer concerned may deem it necessary. I/We also agree that, in response to any searches you make in connection with this application or any claim, any other person and/or organisation may supply information it has received about any other claims I/we have made and/or my/our driving licence and/or experience.

##### Gap In Cover Declaration:

I/We declare that since the expiry of my/our last Motor Insurance policy no drivers have been involved in any accidents/claims/convictions or have any pending prosecutions other than declared above.

PROPOSERS SIGNATURE

DATE

If the Proposer is a Company, please print the name and status of the signatory

## 7. IMPORTANT INFORMATION

### Law applicable to Contract

Under relevant European (Third EU Non-life Insurance Directive) and Irish law, the parties to a proposed contract of insurance are free to choose the law applicable to the contract. We propose that Irish law will apply to the contract.

### “Cooling-off Period” Right to Cancel

You, the \*consumer, have the right to cancel your policy within 14 days of the inception or renewal date or the date you receive the policy documents without penalty and without giving any reason. To do this, you must advise us (or your insurance broker) and return the Certificate of Motor Insurance and Insurance Disc.

If you choose to cancel your policy during the “cooling-off period”, you will have to pay a proportional amount of premium for the period of time you had insurance cover.

*\* In accordance with the Distance Marketing Directive (Directive 2002/65/EC), a consumer is a natural person acting for purposes outside his/her trade, business or profession.*

### Complaints Procedure

We aim to provide a high standard of service, but if you are not satisfied, please contact

Complaints Manager  
KennCo Underwriting Ltd  
Suite 7, Grange Road Office Park  
Grange Road  
Rathfarnham  
Dublin 16  
E-mail: info@kennco.ie

We will do the following:

- Tell you what action we will take and who will be responsible for handling your enquiry,
- Acknowledge written enquiries, or any received by e-mail, usually within two working days,
- Give details of your enquiry to a senior person at the relevant department, usually within two working days.

You will hear from the relevant department in response to your enquiry, either in writing or over the phone, usually within ten working days. Where a full response cannot be given for any reason, you will be told what action will be taken, when you will hear again and whom you can contact in the meantime with any questions. When necessary, we will explain the situation in writing.

However, we will endeavour to provide you with a Final Response within 25 working days from the date upon which we received your written complaint and request for a Final Response.

### Terrorism Exclusion

We shall not be liable for any loss, damage, cost or expense of whatsoever nature, directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. Except insofar as that which is covered under Section 1 – Third Party Liability and for which our obligations under the Road Traffic Acts require us to be liable. This also excludes loss, damage, cost or expense of whatsoever nature, directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relation to an act of terrorism.

If we allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this Policy, the burden of proving to the contrary shall be upon the Insured.

For the purpose of this, an act of terrorism means an act, including but not limited to the use of violence and/or threat thereof, of any person or group(s) of persons, whether acting alone or on behalf or in connection with any organisation(s) or government(s), committed for political or other purposes including the intention to influence any government and/or to put the public or any section of the public in fear.

### BROKER'S DETAILS

### BROKER CHECK LIST

	Yes	No
Are all the questions fully answered	<input type="checkbox"/>	<input type="checkbox"/>
Has the Proposer initialled any changes made to this proposal?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Proposer signed and dated this proposal?	<input type="checkbox"/>	<input type="checkbox"/>
Are copies of ALL drivers licences attached to this proposal?	<input type="checkbox"/>	<input type="checkbox"/>
Is all other supporting documentation attached?	<input type="checkbox"/>	<input type="checkbox"/>