

<u>General Risk Information</u>	
Broker:	
Proposer's Full Business Name:	
Website/online links (e.g. Facebook/DoneDeal):	

Risk Addresses

Risk Address 1:		Eircode:	
Risk Address 2:		Eircode:	
Risk Address 3:		Eircode:	
Risk Address 4:		Eircode:	
Policyholder's Home Address:		Eircode:	
Trading from home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, is there a purpose-built garage at your home address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Additional Info:			

General Information

Year Business Established:			
Have you ever traded under another name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, please provide details:			

Is the business proposed full or part time?	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	
Please provide detail on other jobs/occupations that the Proposer has:			

Discounts available for the following:

How many years' experience does the Proposer have in the Motor Trade?	
For how many years has continuous insurance cover been in place for Motor Trade Road Risks?	
For how many years has continuous insurance cover been in place for Garage Combined?	

Last year's renewal premium:	€
This year's renewal premium:	€
Target premium to secure:	€
Renewal Date:	
Holding Insurer:	
Holding Broker:	

Business Description

Full Business Description: (include all activities undertaken as part of the business including mobile work, and specify the vehicle types involved for each activity)	
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Please state your client's involvement in the following activities:

Activity	% Involvement	Mobile/ Work Away	Cars & LCVs	Cars/LCVs plus Other Vehicle Types
Car Sales	%	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Repairs/Serviceing	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tyre Sales/Fitting – New Tyres	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tyre Sales/Fitting – Second-hand/Re-moulds	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windscreen Fitting	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaner/Valeter	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panel Beating/Crash Repairs	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto-electrician	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Recovery	%	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Breaking/Dismantling	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery or Storage of Vehicles for the Gardaí	%	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Sign Writing	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Hire/Car Rental/Vehicle Leasing	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auctioning Vehicles	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Imports (specify from where)	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Exports (specify to where)	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Assessor	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sale of Parts or Accessories – New	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sale of Parts or Accessories – Second-hand	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filling station with shop	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petrol Sales	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquidations/repossessions	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-motor-trade Related Activities	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please provide as much detail as possible and if there is work away please provide detail here:				

Vehicle Types

Vehicle Types	% Involvement
Cars and LCVs up to 10 tonnes GVW	%
Vehicles between 10 and 28 tonnes GVW	%
Vehicles over 28 tonnes GVW	%
End of Life Vehicles	%
High Performance Vehicles	%
Classic/Vintage Vehicles	%
Tractors	%
Agricultural Vehicles Plant or Machinery (other than tractors)	%
Campers/Caravans up to 10 tonnes GVW	%
Motorcycles, mopeds, scooters, quads	%
Buses, mini-buses, coaches	%
Other (Please provide as much detail as possible):	

Vehicle value limits:

Own Vehicles: €85,000

Customer Vehicles: €100,000

Refer to KennCo if higher values are required.

1. Material Damage

Is this section required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Details of construction	Standard Construction*?	
Risk Address 1:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Risk Address 2:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Risk Address 3:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Risk Address 4:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
* Buildings of standard construction are defined as: Buildings being built mainly of brick, stone, or concrete and roofed with slates, non-combustible tiles, concrete, asphalt, metal or sheets or slabs composed entirely of non-combustible mineral ingredients, excluding timber frame construction.		
Further information on construction if not standard:		

	Risk Address 1	Risk Address 2	Risk Address 3	Risk Address 4
Year Built:				
Number of years at this address:				
Premises Type:				
Are the premises solely occupied by the Proposer? (Tick for Yes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Further information if premises shared:				

Tick for Yes	Risk Address 1	Risk Address 2	Risk Address 3	Risk Address 4
Is there a burglar alarm fitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes is it linked to a Central Monitoring Station?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are vehicles left in the open outside of business hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes are they stored in a compound that is completely and entirely enclosed by walls, gates or fences at least two meters high? (Leave blank if the answer is No and provide information below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is spray painting carried out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, do you have a purpose-built spray booth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the premises in an area previously affected by flooding or at risk of flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information, including additional securities present:				

Sums Insured:	Risk Address 1	Risk Address 2	Risk Address 3	Risk Address 4
Buildings	€	€	€	€
Contents/Machinery	€	€	€	€
Computer Hardware	€	€	€	€
Stock of Vehicles in Compound	€	€	€	€
Stock of Vehicles in Buildings	€	€	€	€
Stock of Tyres	€	€	€	€
Other Stock	€	€	€	€
Fire Brigade Charges	€	€	€	€
Glass/Signs	€	€	€	€
Total:	€	€	€	€

2. Business Interruption

(Indemnity period is 12 months and Material Damage cover must also be taken out)

Is this section required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Sums Insured:	
Annual Gross Profit	€
Increased Cost of Working	€
Rent Payable	€

3. Money

Is this section required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Limits of Indemnity *		
In the premises during business hours	€	
In the premises outside of business hours secured in a locked safe	€	
In transit to and from Bank	€	

***Note that €2,000 money cover can be included free of charge where Material Damage All Risks cover is in place**

4. Employer Liability

Is this section required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of Years EL cover has been in place without any accidents or incidents:		

Occupation	Wages	Number of Employees
Clerical/Sales/Shop Assistants	€	
Mechanics	€	
Panel Beaters	€	
Windscreen Fitters/Valeters	€	
Tyre Repairs/Fitters	€	
Property Repairs	€	
Working Directors (Manual)	€	
Working Directors (Clerical)	€	

5. Public Liability, Products Liability & Service Indemnity

Is Public Liability cover required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is Products Liability cover required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is Service Indemnity cover required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all persons carrying out service and repairs qualified mechanics?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of Years cover for this section has been in place without any accidents or incidents:		
Please state the total estimated annual turnover* :		€

*Turnover = the money paid or payable to the Insured for goods sold and delivered and for services rendered in course of the Business at the Premises.

6. Vehicles in Transit

Is this section required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Limit any one load:	€	

7. Motor Trade Road Risks

Is this section required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please tick the cover required:

Comprehensive:	<input type="checkbox"/>	Third Party, Fire and Theft:	<input type="checkbox"/>	Third Party Only:	<input type="checkbox"/>
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No Claims Discount:

Number of years' NCB:	
Number of years on a Motor Trade Road Risks policy:	
Number of years on a Private Motor or Commercial Vehicle policy:	
Number of years' NDE and the type of policy named on:	

***Use:**

MT = MT use only

S = Social, Domestic and Pleasure Use Only

Both = Motor Trade and SDP Use

Drivers:

#	Driver's Name (Include Principal)	Use* Required	Age/DOB:	Licence Type	Occupation/Position with company	Tick if more than 4 Penalty Points or for Convictions:
1.						<input type="checkbox"/>
2.						<input type="checkbox"/>
3.						<input type="checkbox"/>
4.						<input type="checkbox"/>
5.						<input type="checkbox"/>
6.						<input type="checkbox"/>
7.						<input type="checkbox"/>
8.						<input type="checkbox"/>
9.						<input type="checkbox"/>
10.						<input type="checkbox"/>
11.						<input type="checkbox"/>
12.						<input type="checkbox"/>

13.						<input type="checkbox"/>
14.						<input type="checkbox"/>
15.						<input type="checkbox"/>
16.						<input type="checkbox"/>
17.						<input type="checkbox"/>
18.						<input type="checkbox"/>
19.						<input type="checkbox"/>
20.						<input type="checkbox"/>

Please provide detail on all licences issued outside of the EU:	
Please provide details of convictions (motoring or non-motoring) for any of the above drivers: (Spent convictions need not be disclosed)	
Please provide penalty point information where relevant, including the date, type of points, and number of points:	

Vehicle Details

Provide full details of vehicles owned or leased by the business:

Standard Cars and Light Commercial Vehicles up to 10 tonnes:					
Make	Model	Year	Registration Number	CC	Value

Recovery Vehicles:					
Make	Model	Year	Registration Number	GVW	Value

Motorcycles:					
Make	Model	Year	Registration Number	Brake Horsepower	Value

Are any of the vehicles privately owned? If yes, please give details	
Registration Number	Details of registered owner

<h3 style="margin: 0;">Claims</h3> <p style="margin: 0;">In relation to any section listed above, whether cover for that section is requested or not:</p>	
Have there been any accidents, losses or claims (whether insured or not) within the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide detail below, including where relevant: <ul style="list-style-type: none"> - Type of claim - Date - Circumstances - Driver (for MTRR claims) - Is the claim open or closed? - If open, is liability disputed? - Payments to date - Total reserve or total payments - Have any changes been made to prevent a reoccurrence? - Anything else of relevance 	
Claim 1	
Claim 2	
Claim 3	
Claim 4	
Claim 5	

Other Information/Notes:

A large, empty rectangular box with a black border, intended for providing additional information or notes.