

Arranged By:



KennCo Combined Motor Trade Proposal Form

Insured By:



IMPORTANT MESSAGE

This Proposal Form is an agreement between you and the Insurer named in the Certificate of Motor Insurance and/or the Schedule of Cover. This and other information provided in connection with the Proposal Form form the basis of the contract between you and the Insurer. KennCo Underwriting Ltd will act in accordance with an authorisation granted under contract on behalf of the Insurer named on the Certificate of Motor Insurance and/or the Schedule of Cover. **It is essential that you answer all questions on this form honestly and in full. Failure to do so may invalidate your Policy or result in your Policy not operating fully.**

If your Insurance Broker has completed this form on your behalf you must counter the information provided here as untrue as o therwise your failure to correct the details constitutes your acceptance that these details are correct.

I. GENERAL DETAILS

Policyholder
 Please ensure to enter the **correct legal title** for the Policyholder. This is the title that will appear on the schedule.

Home Address

 Eircode:

Risk Address

 Eircode:

Risk Address 2 (if applicable)

 Eircode:

Risk Address 3 (if applicable)

 Eircode:

Telephone Number

Are you VAT registered? Yes No VAT Number:

Number of years company has been established:

Number of years trading at this risk address:

If a Limited Company, show the full names and addresses of all Principals, Directors and/or Partners:

Activity:
 Please indicate, in percentage terms, the extent of your involvement in each of the following activities:
(If you include a percentage for an occupation type in a grey box, please Refer to KennCo)

Activity	Turnover %	Activity	Turnover %
Buying/Selling of Cars & Light Commercial Vehicles		Vehicle Recovery	
Repairs/Serviceing of Cars & Light Commercial Vehicles		Car Dismantling/Breaking Yard/Salvage Dealing	
Tyre Fitter		Vehicle Sign Writing	
Windscreen Fitter		Car Hire/Car Rental/Vehicle Leasing	
Cleaner/Valeter		Auctioning Vehicles	
Panel Beating/Crash Repairs		Importing Vehicles to the ROI	
Auto Electrician (non-mobile)		Exporting Vehicles	
Mobile Auto Electrician		Sale or Supply of Second Hand or Remould Tyres	
Mobile Mechanic		Motor Assessor/Engineer (non-mobile)	
Mobile Valeter		Sale of New Parts	
Mobile Tyre Fitter		Other	

If "Other", please provide details:

Have you or any Business Partner, Director or Named Driver:

- (a) **ever** been convicted of any motoring offence or been warned verbally or in writing of any possible pending prosecution? Yes No
- (b) **ever** been disqualified from driving or had a driving licence suspended or revoked? Yes No
- (c) **ever** had a motor insurance policy cancelled or refused, had special terms imposed, or where renewal terms were not offered? Yes No
- (d) had any ACCIDENT, LOSS, FIRE or THEFT claim within the last FIVE years, regardless of blame? Yes No
- (e) **ever** been convicted of or charged with a CRIMINAL non-motoring offence? Yes No
- (f) received more than 4 (four) penalty points on your/their driver's licence at the time of cover commencing? Yes No
- (g) **ever** been a Director or Partner of a company that went into liquidation or was dissolved? Yes No
- (h) **ever** filed for bankruptcy or been declared bankrupt? Yes No

(Spent convictions do not have to be disclosed, however please be certain that your conviction is spent before omitting it)
(if you have answered "Yes" to any of the above questions, please give full details below)

Driver's Name	Date of offense and/or claim (dd/mm/yy)	Details	Sentence, Fine, Disqualification, Period or Penalty Points or cost of claim

Have you or any named driver:

- (i) ever suffered from diabetes, epilepsy, heart disorder, vision/hearing impairment, loss of any limb, or do you suffer from any mental/physical infirmity? Yes No
- (if you have answered "Yes" to the above question, give full details below)

Driver's Name	Date of onset of condition (dd/mm/yy)	Details of Medical Condition	Has your medical practitioner deemed you fit to drive? If so, please provide a letter to KennCo confirming same.

Vehicle Details (excluding Recovery Vehicles)

Please list **all vehicles** currently registered to and/or owned by you, including vehicles that are for sale (if insufficient space, please use a supplementary declaration). For stock vehicles that are advertised online, a link to these is acceptable.

Any vehicles (including campers) that are currently registered to you must be included here if you wish for them to be covered under the policy. There may be a charge for non-standard vehicles such as camper vans.

Make/Model	Engine Size/GVW	Year	Value	Reg. Number	Registered Owner	Use of Vehicle

NOTE: REFER TO THE POLICY BOOKLET FOR LIST OF EXCLUDED VEHICLES (Page 12)

Recovery Vehicles

Do you own any recovery vehicles? Yes No

Please note only recovery vehicles owned by & registered to you can qualify to be covered on the policy. You must list the full details of all recovery vehicles owned by you below; we will then review these with a view to offering cover. **If this section is not completed, there will be no recovery vehicles noted as covered under the policy.**

Make	Model	GVW	Year Made	Value	Reg Number	Max No of Vehicles it can:	
						(A) Carry	(B) Tow

Vehicles not owned by the Policyholder:

Do you wish to insure any vehicles not owned by the policyholder or registered in the policyholder's name? If **Yes**, please provide full details:

Please note that cover for vehicles not owned by the Policyholder is not provided unless it has been confirmed in writing by KennCo Underwriting.

Make/Model	Engine Size/GVW/BHP	Year	Value	Reg. Number	Registered Owner	Use of Vehicle

Have you a UID Number? Yes No

If "Yes", please provide details:

Please provide the following information:

(j) Do you currently have a Motor Trade Road Risks policy? Yes No

(k) If "No", what experience do you have in the Motor Trade?

(l) Are you a fully qualified mechanic? Yes No

(m) What was your turnover for the last 12 months?
 (n) What is your projected annual turnover for the next 12 months?
 (o) What is the Maximum Number of Vehicles you can hold at any one time?
 (p) How many vehicles have you sold over the past 12 months?

(q) Has the Proposer or any Partner or Director ever traded in another name? Yes No

If "Yes", please give details:

(r) Is the Proposer (or any Partner or Director) of this business a Partner, Director or owner of any other trade or business? Yes No

If "Yes", please give details:

Cover & No Claims Discount Details

Please indicate the type of cover you require:

Comprehensive Third Party, Fire and Theft Third Party Only

Do you require a Voluntary Excess which will be in addition to the standard policy excess? Yes No

If "Yes": €120 €240 €480

With Comprehensive policies, the "own vehicle" value limit is €85,000, and the customer vehicle value limit is €100,000. Refer to KennCo if a higher limit is required.

Are you entitled to a No Claims Discount (NCD) or do you have Named Driving (ND) Experience?

	Insurer	Policy Number	No. of Years	From	To	Policy Type
NCD in own name:						
ND experience:						

3. MATERIAL DAMAGE

For a Motor Trade Road Risks only policy, skip to Section 9 on Page 7

Is this section required?

Yes No

Basis of Cover: Fire Only

Yes No

Fire & Specified Perils

Yes No

Fire/Specified Perils & Stealing

Yes No

Commercial All Risks incl. Stealing

Yes No

Additional Covers Required:

Subsidence

Yes No

Glass

Yes No

Are the premises protected with an alarm installed by a PSA Registered Alarm Installer?

Yes No

If "Yes", is the alarm linked to a Central Monitoring Station?

Yes No

Is the alarm maintained under contract?

Yes No

Sums Insured

	€	€	€
	Risk Address 1	Risk Address 2	Risk Address 3
Buildings			
Portacabin			
Contents/Machinery/Fixtures & Fittings			
Computer Hardware			
Stock of Vehicles in Compound			
Stock of Vehicles in Buildings			
Stock of Tyres			
Other Stock			
Fire Brigade Charges			
Glass/Signs			
Total Sums Insured	€ -	€ -	€ -

Please indicate whether the following statements are true or false (for all trade premises):

True

False

- Not more than 30% of the premises is of non standard construction*
- The premises is located in an area free from flooding where flooding has not occurred in the past
- The premises is not situated within 500m of any body of water
- The premises has never shown any sign of damage by subsidence nor is the premises located in an area that is particularly exposed to such damage
- The premises is in a good state of repair and is not subject to a preservation order
- The premises is not heated by portable heaters
- Electrical Installations are in good condition and in compliance with ETCI Standards
- Insured premises is not occupied by any other tenant
- Spray painting activities are always conducted in FOC approved booth
- Proposer has not had any Material Damage, Business Interruption or Money claims or losses in the last five years

* 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.

If any of the statements above are not true please confirm the number of same and provide a full explanation below:

(Please note that it is deemed that any statements not mentioned here are "True")

4. BUSINESS INTERRUPTION

Is this section required?

Yes No

Cover will be on the same basis as the Material Damage section.

Indemnity Period in Months:

Sums Insured

€

Gross Profit	
Increased Cost of Working	
Rent Payable	
Total Sums Insured	€ -

5. MONEY

Is this section required? Yes No

Limits Required €

On premises during business hours/In Transit	
In Locked Safe	

Safe Details:

Make	
Model	
Serial Number	
Holding Limit	

Note that cover for money held in unspecified safes is limited to €1,000.

6. EMPLOYERS LIABILITY

Is this section required? Yes No

Estimated Wages (excluding Working Directors) €

Clerical/Sales/Shop Assistants	
Mechanics	
Panel Beaters	
Windscreen Fitters/Valeters	
Tyre Fitters	
Property Repairs	
Total Wageroll	€ -

If the proposer is a limited company, is cover required for the working directors? Yes No NA
 If "Yes", provide estimated wages for the directors below:

€

Clerical/Sales	
All Other Activities	

Please tick the box indicating whether the following statements are true or false: True False

- All employees are over 16 years of age and free from physical defect.
- Proposer has prepared a compliant safety statement and issued a copy to all employees.
- There have been no Employers Liability claims or incidents that you are aware of that might give rise to a claim in the last five years.
- Neither you nor any Director or Partner of this business has ever been prosecuted for a breach of any Statute relating to health or safety of employees or others.
- Neither you nor any Director or Partner of this business has ever been served with a Prohibition Notice under the Health and Safety at Work act.

If any of the statements above are not true please confirm the number of same and provide a full explanation below:

 (Please note that it is deemed that any statements not mentioned here are "True")

7. PUBLIC & PRODUCTS LIABILITY & SERVICE INDEMNITY

Is this section required? Yes No

Level of cover required:

Public Liability only	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Public & Products Liability only	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Public/Products & Service Indemnity	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Estimated Turnover

Please indicate whether the following statements are true or false: True False

- Proposer does not have guard dogs in or on the premises
- Proposer does not export any goods
- Proposer is not engaged in providing a specialist mobile mechanic service
- There have been no Public, Products or Service Indemnity claims or incidents that you are aware of that might give rise to a claim in the last five years

If any of the statements above are not true please confirm the number of same and provide a full explanation below:

(Please note that it is deemed that any statements not mentioned here are "True")

8. VEHICLES IN TRANSIT

Is this section required? Yes No

Limit Any One Load

9. GENERAL STATEMENTS - PLEASE COMPLETE IN ALL INSTANCES

Please tick the box indicating whether the following statements are true or false True False

1. All inspections of lifting apparatus, boilers and steam pressure vessels are carried out in compliance with statutory requirements
2. Neither you nor any employees use or handle any material that is toxic, poisonous, irritant or harmful (with the exception of oils or materials which would be found in a standard garage)
3. The company/business is not engaged in any marine or aviation work whatsoever
4. Neither you nor any Partner or Director has **ever** been refused insurance, renewal or had any special terms or conditions imposed by any insurer
5. Neither you nor any Partner or Director has **ever** been convicted of or charged with any offence of any nature or has any prosecution pending
6. Neither you nor any Partner or Director of this company has **ever** been a Director or Partner of a company that went into liquidation or was dissolved
7. Neither you nor any Partner or Director of this company has **ever** filed for bankruptcy or been declared bankrupt

If any of the statements above are not true please confirm the number of same and provide a full explanation below:

(Please note that it is deemed that any statements not mentioned here are "True")

IMPORTANT

Continuing Obligation of Disclosure

You declare that the information given in this Proposal Form is true in every respect and that you have not withheld or misrepresented any information that has been requested. You acknowledge the serious consequences of failure to disclose all material information and that failure to do so may invalidate your Policy or result in your Policy not operating fully.

The Insured must tell The Company as soon as possible during the period of insurance of any change:

1. to the business;
2. in the person, firm, company or organisation shown in the schedule as the insured;
3. to the information The Insured provided to The Company previously or any new information that increases the risk of loss as insured under any section of the policy.

Any change that was not within the reasonable scope of the agreed business may not be accepted by The Company and claims may not be paid. In this case the policy will come to an end from the date of the change unless The Company agree in writing to accept an alteration.

The Company do not have to accept any request to vary the policy if it is deemed to change the scope of the agreed contract. If The Insured wishes to make any alteration to the policy The Insured must disclose any change to the information previously provided or any new information that could affect this insurance. If The Company accept any variation to the policy, an increase in the premium or different terms or conditions of cover may be required by The Company.

You agree that this proposal form will form the basis of the contract between you and the Company. If any answer has been written by a person other than the undersigned, you agree that such person shall be your agent and not an agent of the Company.

Warning:

As it is an offence under the Road Traffic Act to make any false statement or withhold information to get a certificate of insurance, you should make sure that you answer all questions fully and accurately. If the proposer is a firm or a private company, you must read and answer the questions as though they also apply to each individual partner or member.

Under the third EU Non-life Directive we must give you the following information before you buy your policy:

The law that applies to the contract:

Under the relevant European and Irish laws, we, Axa Insurance dac and you, the proposer, are free to choose the law that will apply to the contract. We propose that Irish law will apply to the contract. We, Axa Insurance dac, will provide the insurance under this policy.

Our Service:

While we are committed to providing the highest level of service to our customers, if you are dissatisfied with any aspects of our service, policy terms or claims handling, please write to:

The Complaints Manager
KennCo Underwriting Ltd, Suites 5 - 7 Grange Road Office Park, Grange Road, Rathfarnham, Dublin 16.
Phone: (01) 4994600 Fax: (01) 4954627, E-mail: complaints@kennco.ie,
or follow the link to our full Complaints Procedure:
<http://www.kennco.ie/kennco-complaints-procedure>

Should you remain dissatisfied with the final response from the above or if you have not received a final response within 40 business days of the complaint being made, you may be eligible to refer your complaint to the Financial Services and Pensions Ombudsman (FSPO). The contact details are as follows: Financial Services and Pensions Ombudsman
Lincoln House,
Lincoln Place,
Dublin 2,
D02 VH29.
Tel: (01) 567 7000
Email: info@fspoi.ie
Website: www.fspoi.ie

This option is open only for individuals or incorporated bodies with an annual turnover of €3m or less.

Policy Arranged By:

KennCo Underwriting Ltd ("KennCo"). KennCo is an Irish owned and run underwriting agency based in Rathfarnham, Co Dublin. It is registered in the Company Registration Office under Company number 454673 and its registered office is Suites 5- 7, Grange Road Office Park, Grange Road, Rathfarnham, Dublin 16. KennCo Underwriting Ltd T/A KennCo Insurance is regulated by the Central Bank of Ireland.

Policy Insured By:

AXA Insurance dac, registered in Ireland number 136155. Registered Office Wolfe Tone House, Wolfe Tone Street, Dublin 1. AXA Insurance dac is a private company limited by shares. AXA Insurance dac is regulated by the Central Bank of Ireland.

Data Protection Notice

KennCo Underwriting Ltd T/A KennCo Insurance is a data controller in relation to personal information held about you for the purpose of the EU General Data Protection Regulation (GDPR) & the Data Protection Acts 1988 - 2018. The information that you provide and any other information provided by any third party in connection with or in relation to your application will be held by us on a computer database and/or in any other way.

What personal data do we collect

We collect and may continue to collect certain information about you or any individuals connected to your Policy ('data subjects') in the course of conducting our relationship with you. This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

Why we collect & who we share your personal data with

This information will be processed for the purpose of underwriting and managing your insurance policy, administering claims and preventing fraud. It may also be used in compliance with regulatory legal and tax laws and for participation in internal or market-level statistical exercises. For this purpose, information may be shared in confidence with third parties both inside and outside the European Economic Area, such as trustees, professional advisers and reputable external agencies, service providers, regulatory bodies and authorities, private investigators, other insurance and financial services companies (directly or via a central register) and as required by law. We will ensure that transfers of data are lawful and that your information is kept securely and only used for the purposes for which it is provided. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Queries regarding your personal data

We abide by the GDPR and if you have any queries with regards to how we use your personal data you may contact our Data Protection Officer at compliance@kennco.ie or alternatively the Office of the Data Protection Commissioner, Canal house, Station Road, Portllington, Co. Laois, Ireland, Tel +353 57 868 4800.

For full details of our data privacy policy, please visit our website: www.kennco.ie/privacy-statement

ONLY SIGN THE FOLLOWING DECLARATION IF YOU FULLY UNDERSTAND, AND HAVE MET ALL OF THE ABOVE REQUIREMENTS:

DECLARATION

I/We confirm that, all the details, answers and information given in this proposal are true, accurate and complete. I/We acknowledge that this proposal will form the basis of my/our contract with Axa Insurance dac. I/We am/are giving my/our permission to you to use the information I/We have given on this form for the purposes set out in the Data Protection section above.

**Proposer's
Signature:**

Date:

Date Cover is Required From:

If the Proposer is a Company, please print the name and status of the person who signed: