# Garage Combined Submission Form

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| General Risk Information | | | | | | | | | | | |
| 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 | |  | | No |  | |  | |  | |
| If yes, is there a purpose-built garage at your home address? | Yes | |  | | No |  | |  | |  | |
| Additional Info: |  | | | | | | | | | | |
| General Information | | | | | | | | | | | |
| Year Business Established: | |  | | | | | | | | | |
| Have you ever traded under another name? | | Yes | |  | | | No | |  | | |
| If Yes, please provide details: | |  | | | | | | | | | |
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| Is the business proposed full or part time? | | Full Time | |  | | | Part Time | |  | | |
| 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? | | | | | | | | | | |  |

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| 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 |  |  | |
| Repairs/Servicing | % |  |  |  | |
| Tyre Sales/Fitting – New Tyres | % |  |  |  | |
| Tyre Sales/Fitting – Second-hand/Re-moulds | % |  |  |  | |
| Windscreen Fitting | % |  |  |  | |
| Cleaner/Valeter | % |  |  |  | |
| Panel Beating/Crash Repairs | % |  |  |  | |
| Auto-electrician | % |  |  |  | |
| Vehicle Recovery | % | N/A |  |  | |
| Vehicle Breaking/Dismantling | % |  |  |  | |
| Recovery or Storage of Vehicles for the Gardaí | % | N/A |  |  | |
| Vehicle Sign Writing | % |  |  |  | |
| Car Hire/Car Rental/Vehicle Leasing | % |  |  |  | |
| Auctioning Vehicles | % |  |  |  | |
| Vehicle Imports (specify from where) | % |  |  |  | |
| Vehicle Exports (specify to where) | % |  |  |  | |
| Motor Assessor | % |  |  |  | |
| Sale of Parts or Accessories – New | % |  |  |  | |
| Sale of Parts or Accessories – Second-hand | % |  |  |  | |
| Filling station with shop | % |  |  |  | |
| Petrol Sales | % |  |  |  | |
| Liquidations/repossessions | % |  |  |  | |
| Non-motor-trade Related Activities | % |  |  |  | |
| 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.

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| Material Damage | | | | |
| Is this section required? | Yes |  | No |  |

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| **Details of construction** | **Standard Construction\*?** | | | | |
| Risk Address 1: | Yes |  | | No |  |
| Risk Address 2: | Yes |  | | No |  |
| Risk Address 3: | Yes |  | | No |  |
| Risk Address 4: | Yes |  | | No |  |
| \* 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: | | |  | | |

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|  | **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) |  |  |  |  |
| Further information if premises shared: |  | | | |

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| **Tick for Yes** | **Risk Address 1** | **Risk Address 2** | **Risk Address 3** | **Risk Address 4** |
| Is there a burglar alarm fitted? |  |  |  |  |
| If Yes is it linked to a Central Monitoring Station? |  |  |  |  |
| Are vehicles left in the open outside of business hours? |  |  |  |  |
| 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) |  |  |  |  |
| Is spray painting carried out? |  |  |  |  |
| If Yes, do you have a purpose-built spray booth? |  |  |  |  |
| Is the premises in an area previously affected by flooding or at risk of flooding? |  |  |  |  |
| Additional Information, including additional securities present: |  | | | |

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| **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:** | **€** | **€** | **€** | **€** |

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| Business Interruption (Indemnity period is 12 months and Material Damage cover must also be taken out) | | | | |
| Is this section required? | Yes |  | No |  |

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| **Sums Insured:** |  |
| Annual Gross Profit | € |
| Increased Cost of Working | € |
| Rent Payable | € |

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| Money | | | | | | |
| Is this section required? | Yes |  | | No |  | |
| **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**

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| Employer Liability | | | | |
| Is this section required? | Yes |  | No |  |
| Number of Years EL cover has been in place without any accidents or incidents: | | |  | |

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| --- | --- | --- |
| **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) | € |  |

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| Public Liability, Products Liability & Service Indemnity | | | | |
| Is Public Liability cover required? | Yes |  | No |  |
| Is Products Liability cover required? | Yes |  | No |  |
| Is Service Indemnity cover required? | Yes |  | No |  |
| Are all persons carrying out service and repairs qualified mechanics? | Yes |  | No |  |
| 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.

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| Vehicles in Transit | | | | |
| Is this section required? | Yes |  | No |  |
| Limit any one load: | € | | | |

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| Motor Trade Road Risks | | | | |
| Is this section required? | Yes |  | No |  |

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| Please tick the cover required: | | | | | |
| Comprehensive: |  | Third Party, Fire and Theft: |  | Third Party Only: |  |

## No Claims Discount:

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| 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:

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| --- | --- | --- | --- | --- | --- | --- |
| **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. |  |  |  |  |  |  |
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| 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:

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| --- | --- | --- | --- | --- | --- |
| **Standard Cars and Light Commercial Vehicles up to 10 tonnes:** | | | | | |
| **Make** | **Model** | **Year** | **Registration Number** | **CC** | **Value** |
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| **Recovery Vehicles:** | | | | | |
| **Make** | **Model** | **Year** | **Registration Number** | **GVW** | **Value** |
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| **Motorcycles:** | | | | | |
| **Make** | **Model** | **Year** | **Registration Number** | **Brake Horsepower** | **Value** |
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| **Are any of the vehicles privately owned?** If yes, please give details | | | | | |
| **Registration Number** | **Details of registered owner** | | | | |
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| Claims In relation to any section listed above, whether cover for that section is requested or not: | | | | | |
| Have there been any accidents, losses or claims (whether insured or not) within the last five years? | | Yes |  | No |  |
| If Yes, please provide detail below, including where relevant:   * 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 |  | | | | |

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| Other Information/Notes: |
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