

*Cover for the Irish auto sales,
servicing and repair industry*

Proposal Form



AUTOMOTIVE is a property, liability and road risk insurance package designed specifically for the motor vehicle industry. It provides you with the following range of covers:

AVAILABLE SECTIONS:

Material Damage

This Section provides cover for the insured's property including Buildings, Fixtures and Fittings, Plant & Machinery, General Stock, and Portable Tools.

Cover available – Fire & Perils

All Risks (subject to IS 199 alarm fitted)

Limit of Indemnity Sums insured

Section Excess €500.00

Road Risks

This section can provide Third Party Only, Third Party Fire & Theft or Comprehensive cover for vehicles in the Insured's care, custody or control. Accompanied Demonstration and Tuition (TPO) is included as standard.

Policies can be issued on a Named or Open drive basis.

Comprehensive cover is offered to all drivers irrespective of age or licence held.

Limits of Indemnity

- | | |
|--------------------------------|--------------------------|
| 1) Third Party Injuries | Unlimited |
| 2) Third Party Property Damage | €1,300,000 any one claim |
| 3) Own Vehicles | €35,000 any one claim* |
| 4) Customer vehicles | €50,000 any one claim* |

**these limits can be increased on request*

3) & 4) are subject to an aggregate maximum amount of €130,000 payable in any one period of insurance.

Section Excess Standard €500 ADF&T

Drivers 17-20 €1,250 ADF&T

Drivers 21-24 €950 ADF&T

Provisional Licence holders - additional €250

Public Liability and Products Liability

This section covers the Insured's legal liability for personal injury to third parties or loss of or damage to their property. It also covers the Insured's legal liability for personal injury or damage to property caused by a defective product.

Limits of Indemnity

Public Liability €1,300,000 each and every loss suffered in the period of Insurance.

Products Liability €650,000 any one period of insurance.

Section Excess €500.00

Service Indemnity (Defective Workmanship)

This section covers the Insured's legal liability for damages in respect of accidental injury or damage arising out of repair, testing, servicing.

IT MAY ONLY BE OFFERED IF PUBLIC LIABILITY HAS BEEN SELECTED.

Limit of Indemnity €650,000 or €1,300,000 at an additional premium.

Section Excess €500.00

Employers Liability

This section covers the Insured's legal liability to employees for death or bodily injury arising out of or in the course of their employment.

Limit of Indemnity €13,000,000 any one occurrence

Section Excess €500.00

Business Interruption

This section provides indemnity for a reduction in the gross profit or revenue caused by the interruption of business of following material damage to Insured's buildings, contents, stock or plant.

Limit of Indemnity Sums Insured

Section Excess €500.00

Money and Personal Assault

This section offers cover for the loss of money from the premises during business hours, from locked safes or strong room outside business hours, from bank night safe or while in transit. There is also cover to provide compensation for personal injury sustained by the Insured and staff in the course of a robbery connected with the business.

Limit of Indemnity Varies according to safe manufacturers, limits and time and circumstances of loss/theft.
Full details are in our policy.

Section Excess €500.00

IMPORTANT MESSAGE

YOU ARE REMINDED THAT YOU MUST PROVIDE ALL MATERIAL INFORMATION LIKELY TO INFLUENCE THE ACCEPTANCE AND ASSESSMENT OF THIS INSURANCE. IF YOU HAVE ANY DOUBTS AS TO WHETHER A FACT IS MATERIAL, IT SHOULD BE DISCLOSED. FAILURE TO DISCLOSE ALL MATERIAL FACTS MAY INVALIDATE YOUR POLICY OR MAY RESULT IN YOUR POLICY NOT OPERATING FULLY. IT IS AN OFFENCE UNDER THE ROAD TRAFFIC ACTS TO MAKE ANY FALSE STATEMENTS OR WITHHOLD INFORMATION FOR THE PURPOSE OF OBTAINING A CERTIFICATE OF MOTOR INSURANCE.

PLEASE ENSURE ALL QUESTIONS ARE FULLY ANSWERED

GENERAL INFORMATION

PLEASE COMPLETE IN BLOCK LETTERS

- 1 Full Name of Proposer(s) - include Trading Name, any Subsidiary or Associated Companies.

If not a Limited Company, include full names of all partners.

- 2 Main Business Address and Correspondence Address - if different from Business Address

Main Business Address:

Correspondence Address:

- 3 Please give Full Business Description

- 4 Are you registered for VAT? ☐ Yes ☐ No VAT No:

- 5 Are you a member of a Motor Trade Association? ☐ Yes ☐ No

If 'Yes', please specify

No of Yrs

6 Do you hold a Main Dealer Franchise?

☐ Yes

☐ No

If 'Yes', please specify

7 How many vehicles would you sell / handle on average, in a 12 month period ?

New Vehicles

Second Hand Vehicles

8 Please indicate which of the following activities you are involved in by answering 'Yes' or 'No' and indicate in percentage terms the extent of your involvement in each

ACTIVITY	YES	NO	% INVOLVEMENT
1) Buying and selling of private cars			
2) Mechanical repairs, servicing of private cars			
3) Commercial vehicles (under 5 ton) - buying, selling, repairs			
4) Commercial vehicles (over 5 ton) - buying, selling, repairs			
5) Agricultural vehicles - buying, selling, repairs			
6) Special type vehicles (forklifts, excavators etc) buying, selling, repairs			
7) Sports / high performance vehicles - buying, selling, repairs.			
8) Classic / vintage vehicles - buying, selling, repairs.			
9) American / Canadian vehicles - buying, selling, repairs			
10) Japanese / Grey imports - buying, selling, repairs.			
11) Crash repairs / body repairs			
12) Spray painting			
13) Vehicle recovery and breakdown			
14) Body building / converting			
15) New tyre sales, fitting, distribution			
16) Remould tyre sales, fitting, distribution			
17) Petrol sales			
18) Windscreen fitting, repairs			
19) Exhausts fitting			
20) Valeting / steam cleaning - non mobile			
21) Valeting / steam cleaning - mobile or away from premises			
22) Vehicle deliveries			
23) Car breaking			
24) Sale of second hand parts			
25) Wholesaling / importing / exporting			
26) Car accessories fitting or distribution			
27) Vehicle leasing / hiring / liquidations			
28) Convenience shop			
29) DOE centre			
30) Other activities, please specify			

- 9 Is this your first venture into the Motor Trade? ☐ Yes ☐ No
If 'No', please state when the business was established Date: / /

- 10 Has your business changed name during the past 5 years? ☐ Yes ☐ No

- 11 a) Are you involved Full Time in the Motor Trade? ☐ Yes ☐ No
b) Have you any other occupation (whether part-time or not)? ☐ Yes ☐ No
If 'Yes', please describe in full your other occupation and whether you are self-employed:

c) How many hours per week do you work as a Motor Trader? hours

- 12 Please state which covers you have previously held insurance for:

COVERS PREVIOUSLY HELD	YES/NO	PREVIOUS INSURER	EXPIRY DATE
Material Damage			
Public Liability			
Service Indemnity			
Employers Liability			
Business Interruption			
Money and Personal Assault			
Road Risks			

- 13 In respect of the covers to which this proposal relates, and any business in which you or any of your partners or directors are or have been engaged:

a) has an Insurer ever declined a proposal, refused renewal, terminated an insurance or imposed special terms?
☐ Yes ☐ No If 'Yes', please give details

- 14 Have you, or any of your directors or partners ever been charged (but not yet tried) with a criminal offence?
☐ Yes ☐ No If 'Yes', please give details

15 Have you prepared a written safety statement in accordance with Safety Health & Welfare at Work Act 1989?

☐ Yes ☐ No

16 Claims Experience

Please list all claims, incidents, losses which have occurred within the past 5 years:

Year	Total No of claims	Material Damage		Public Liability		Service Indemnity		Employers Liability		Products Liability		Road Risk		Other	
		Paid	O/S	Paid	O/S	Paid	O/S	Paid	O/S	Paid	O/S	Paid	O/S	Paid	O/S
1 Year ago		€		€		€		€		€		€		€	
2 Years ago		€		€		€		€		€		€		€	
3 Years ago		€		€		€		€		€		€		€	
4 Years ago		€		€		€		€		€		€		€	
5 Years ago		€		€		€		€		€		€		€	
		€		€		€		€		€		€		€	

MATERIAL DAMAGE SECTION

PREMISES

1 Please state type of cover required: All Risks ☐ Fire & Perils only (excl theft) ☐

2 Risk Address(s) - Please state in full all locations / premises for which you require cover:

Risk No	Full Address
1	
2	
3	
4	
5	

3 Please list all property to be insured at each location

Risk No	Buildings Fixtures & Fittings	Machinery & Plant	General Stock	Own Vehicles	Customer Vehicles	Portable Hand Tools	Theft Attractive Goods	Other
1	€	€	€	€	€	€	€	€
2	€	€	€	€	€	€	€	€
3	€	€	€	€	€	€	€	€
4	€	€	€	€	€	€	€	€
5	€	€	€	€	€	€	€	€

4 Please state the total value of vehicles kept

Location	Whilst Premises Open	Whilst Premises Closed
Locked Building/Showrooms	€	€
Locked Compound	€	€
Forecourt with anti-ram bars	€	€
Open Area	€	€
TOTAL	€	€

Note: Compound is defined as an area totally enclosed by walls, gates, fences at least 6ft high and capable of being locked.

5 What is the maximum value for any one vehicle at the premises?

Own vehicle € Customer vehicle €

6 What is the construction of the premises?

Risk No	Walls	Roofs	Ground Floor	Upper Floor	No of Stories	Total Floor Area (Sq ft/mtrs)
1						
2						
3						
4						
5						

Please insert: Brick/Block, Concrete, Timber, Asbestos, Slates/Tiles, Metal

Specify if other than above

7 What is the age and condition of the premises?

Age:

Condition:

8 Are the premises Owned by you ☐ Rented to you ☐ Leased to you ☐

9 Are the premises used only for the purpose stated in the Business Description? Yes ☐ No ☐

If 'No', please give full details

- 10 Are the premises occupied solely by you? Yes ☐ No ☐

If 'No', please give details of the various occupiers, including a brief description of the business carried out by each and state whether you are responsible for any or part of the premises not in your occupation

Occupant Name	Business Description	Responsible for Building Yes / No

- 11 Are the premises joined to another building? Yes ☐ No ☐

If 'Yes', please give details of the nature of the business carried on there

- 12 Please specify the composition of the premises: (tick as appropriate)

Risk No	Showroom	Workshop	Offices	Shop	Petrol Pump	Forecourt	Compound	Open Area
1								
2								
3								
4								
5								

- 13 Have any of the locations specified in Q2 above suffered flooding in past 5 years? Yes ☐ No ☐

PREMISES SECURITY

Please note the following questions relate to all premises listed in Q2

- 14 Are all the premises fitted with an Intruder Alarm System? Yes ☐ No ☐
- Does the Alarm system comply to IS 199? Yes ☐ No ☐
- Is it linked to a central monitoring station? Yes ☐ No ☐
- Is the alarm subject to a maintenance agreement? Yes ☐ No ☐
- Is there CCTV surveillance on the Buildings ☐ Forecourt ☐ Compound ☐

Note: A copy of the Alarm Maintenance Service Contract must be available for Inspection by the Company and enforced by the Insured to comply with the Policy Conditions.

- 15 Are all ground floor & other easily accessible windows protected by key operated window locks? Yes ☐ No ☐
Are all external doors fitted with 5-lever mortice locks? Yes ☐ No ☐
- 16 Does the forecourt have the following security features (please tick as appropriate)
a) Anti-ram bars ☐ b) Lockable gates ☐ c) Wheel clamps on vehicles ☐
- 17 What precautions (other than those in 14, 15, & 16 above) are taken to prevent unauthorised access to the premises (including gates, fences & perimeter walls)
a) during working hours _____
b) outside working hours _____
- 18 Are all vehicle keys kept in a self-locking cabinet? Yes ☐ No ☐
If 'No', please give full details of current storage procedures during
a) Business Hours _____
b) Outside Business Hours _____

HEATING

- 19 Describe the method of heating throughout the premises? _____
- 20 a) Is all heating fixed? Yes ☐ No ☐
b) Are portable heaters used? Yes ☐ No ☐
If you have answered 'Yes' to b) above, please give details? _____

PROCESSES

- 21 Do you undertake paint spraying? Yes ☐ No ☐
If 'Yes', is such paint spraying carried out in a separate purpose built non-combustible compartment?
Yes ☐ No ☐ If 'No', please give details _____

- 22 Please state where all flammable gases, acids or other dangerous substances are stored? _____

23 Is drainage of fuel tanks undertaken?

Yes ☐

No ☐

If 'Yes', please give details

24 Do you undertake welding or any other applications of heat?

Yes ☐

No ☐

If 'Yes', please give details, percentage of total work & location

25 Please state which of the following fire extinguishing appliances are in operation at the premises to be insured (tick as appropriate)

Risk No	Fire Alarm	Extinguishers	Hose Reels	Sprinklers	Smoke Detectors	Fire Blankets
1						
2						
3						
4						
5						

PUBLIC LIABILITY and SERVICE INDEMNITY

1 Is cover required under the Public Liability section?

Yes ☐

No ☐

(limit of Indemnity €1,300,000)

2 Is covered required for Service Indemnity?

Yes ☐

No ☐

If 'Yes', please state limit of Indemnity required

€650,000 ☐

€1,300,000 ☐

3 Is cover required for Products Liability?

Yes ☐

No ☐

(limit of Indemnity €650,000)

4 Total Estimated Annual Turnover, split as follows

ACTIVITY

TURNOVER

New Vehicle Sales

€

Second Hand Vehicle Sales

€

Servicing and Repair

€

Petrol Sales

€

Spare Parts

€

Shop

€

Other

€

TOTAL

€

EMPLOYERS LIABILITY

1 Is covered required under the Employers Liability section? Yes ☐ No ☐ (Limit of Indemnity €13,000,000)

2 Please state Total Number of Employees and Total Wageroll

CATEGORY	NO OF STAFF	FULL TIME	PART TIME	WAGEROLL
Directors/Partners - Manual				€
Directors/Partners - Clerical				€
Mechanics				€
Apprentice Mechanics				€
Panel Beaters				€
Spray Painters				€
Valeters				€
Vehicle Sales				€
Clerical/Admin				€
Shop Assistants				€
Petrol Pump Attendants				€
Other				€
TOTAL				€

3 Have all non-clerical employees received approved manual handling training? Yes ☐ No ☐

4 Will you undertake work outside the Republic of Ireland? Yes ☐ No ☐

If 'Yes', please give details and percentage of turnover

5 Will you undertake work away from your premises? Yes ☐ No ☐

If 'Yes', please give details (i.e. frequency and percentage of turnover)

6 Will any functions or entertainment take place at your premises? Yes ☐ No ☐

If 'Yes', please give details

BUSINESS INTERRUPTION

- 1 Is cover required under this section? Yes ☐ No ☐
- 2 Please state annual gross profit € _____
- 3 Please state Outstanding Debit Balances € _____
- 4 Increased Cost of Working Cover Required? Yes ☐ No ☐
Sum Insured € _____
- 5 Are records computerised? Yes ☐ No ☐
- 6 Are records kept in fire resistant safe, strong room or cabinet? Yes ☐ No ☐
If 'No', please give details _____

- 7 Do you have a Disaster Recovery Plan Yes ☐ No ☐
If 'Yes', has it been tested? Yes ☐ No ☐

MONEY AND PERSONAL ASSAULT

- 1 Is cover required under this section? Yes ☐ No ☐
- 2 Please state Estimated Annual Carryings € _____
- 3 Please state maximum amount of money held in cash register / till etc. at any one time: € _____
- 4 Please state amount of money held in safe(s):
i) Whilst premises are open? € _____
ii) Whilst premises are closed? € _____
- 5 Please specify the make / model of safe(s) held on premises?
1 _____
2 _____
3 _____
- 6 Please state maximum amount of money which will be held in custody by a security company at any one time?
€ _____

[illegible]

5 Have YOU or ANY NAMED DRIVER

- a) Had any accident, loss fire or theft claim in the last 5 years, regardless of blame? Yes ☐ No ☐
- b) Ever suffered or are currently suffering from any physical or mental disability, infirmity or fits, diabetes, heart complaint or other medical condition which may impair ability to drive? Yes ☐ No ☐
- c) ever been refused any motor vehicle insurance or continuance thereof, or been required to pay an increased premium or had special conditions imposed by any motor insurer? Yes ☐ No ☐
- d) received a warning, verbally or in writing of any possible pending prosecutions? Yes ☐ No ☐
- e) ever been disqualified from driving? Yes ☐ No ☐
- f) ever had any type of motor conviction and/or endorsement? Yes ☐ No ☐
- g) ever had any type of conviction? i.e criminal conviction of any kind Yes ☐ No ☐
- h) ever held or hold a PSV driving licence Yes ☐ No ☐

6 If you answered 'Yes', to any of the questions above 5(a) to 5(h), please give full details below:

A) ACCIDENTS / CLAIMS / LOSSES ON VEHICLES OWNED OR DRIVEN BY YOU OR ANY NAMED DRIVER

Date	Drivers Name	Description of Incident	Amount Paid	Amount O/S

B) MOTORING CONVICTIONS / ENDORSEMENTS OR PENDING PROSECUTIONS - YOU AND ANY NAMED DRIVER

Drivers Name	Details of Offence	Date of Offence	Date of Conviction	Sentence/Fine Imposed	Disqualification Period

C) OTHER CONVICTIONS / ENDORSEMENTS OR PENDING PROSECUTIONS - YOU AND ANY NAMED DRIVER

Drivers Name	Details of Offence	Date of Offence	Date of Conviction	Sentence/Fine Imposed	Disqualification Period

D) PHYSICAL OR MENTAL DISABILITIES IN RESPECT OF YOU OR ANY NAMED DRIVER

Drivers Name	Date Diagnosed	Medical Condition	Is Treatment Ongoing	Drugs or Medication taken

D NO CLAIM BONUS

- 7 Are you entitled to a NO CLAIM DISCOUNT? Yes ☐ No ☐

If 'Yes', please state No Claim Discount earned in your own name on:

- a) Motor trade policy Yrs % Previous Insurer: _____
- b) Private car policy Yrs % Previous Insurer: _____
- c) Date last policy expired ____ / ____ / ____

8 GAP IN COVER DECLARATION

If there has been a break between the expiry of the previous policy and the start of this one, please give full details

- 9 If you are not entitled to a No Claim Bonus in your own name, have you been named as a driver on any other policy?

Yes ☐ No ☐ If 'Yes', please specify:

Policy Type _____

Period of Cover From: _____ To: _____

Insurer _____

Please attach evidence of your No Claim Bonus or Driving Experience (whichever is relevant)

E OPTIONAL EXTENSIONS TO THE ROAD RISKS POLICY

- 10 DO YOU REQUIRE COVER FOR THE FOLLOWING CATEGORIES OF VEHICLES?

Cover required for:	No	Yes	If 'Yes'	
Own vehicles with a value in excess of €35,000	<input type="checkbox"/>	<input type="checkbox"/>	State limit required	€
Customer vehicles with a value in excess of €50,000	<input type="checkbox"/>	<input type="checkbox"/>	State limit required	€
Vehicles with a designed gross vehicle weight in excess of 5.0 ton	<input type="checkbox"/>	<input type="checkbox"/>	State limit required	
Sports or high performance vehicles	<input type="checkbox"/>	<input type="checkbox"/>	State Makes/Models	
Vintage / classic cars	<input type="checkbox"/>	<input type="checkbox"/>	Specify all vehicles	

IMPORTANCE NOTICE - VEHICLES EXCLUDED FROM STANDARD POLICY COVER

- Vehicles owned and/or registered to individual directors, business partner, employees, spouses, common law spouse or partners, sons, daughters, other family members or drivers named in the Schedule
- Motorcycles, mopeds, scooters and quad bikes
- Agricultural vehicles, mechanically propelled plant and machinery
- Steam driven vehicles
- Vehicles of Canadian or American manufacture over 20 years old
- Mobile catering vehicles
- Vehicles hired or loaned from you, including sponsorship vehicles
- Vehicles used for the carriage of goods for hire or reward
- Vehicles used for self drive hire
- Vehicles used for private/public hire
- Vehicle transporters capable of carrying more than 2 vehicles (N.B. The Policy excludes damage to vehicles being conveyed)
- Vehicles with a designed gross vehicle weight of over 5.0 tons
- Vehicles owned and/or registered to the Insured with a value in excess of €35,000
- Customer vehicles with a value in excess of €50,000

DECLARATION

Before signing this declaration please ensure that all questions have been FULLY ANSWERED

I declare that:

- A I have read and understood this proposal form
- B The statements made in this proposal form are true and correct to the best of my knowledge and belief
- C If such statements have been written by any person other than myself, such person shall be deemed to be my agent
- D I will accept insurance subject to the terms and conditions of the Company's policy

I AGREE THAT THIS PROPOSAL AND DECLARATION SHALL BE INCORPORATED IN AND FORM PART OF THE CONTRACT BETWEEN MYSELF AND ST PAUL INTERNATIONAL INSURANCE COMPANY LTD.

SIGNATURE:

DATE:

The Company reserves the right to decline any proposal or impose special terms.
The Company is not on risk until an authorised company official has confirmed cover.
A copy of this proposal is available upon request.