



GARAGE COMBINED SUBMISSION FORM

Broker : _____

Proposer's Name: _____

Risk Address (es) 1. _____

2. _____

Proposer's Home Address: _____

Full Business Description: _____

Please state your involvement in the following activities:

Activity	Yes	No	% Involvement
Buying & Selling of private cars			
Mechanical repairs, servicing of private cars			
Commercial Vehicles – buying, selling, repairs.			
Agricultural Vehicles – buying, selling, repairs.			
Special Type Vehicles – buying, selling, repairs.			
Sports/High Performance cars – buying, selling, repairs.			
Classic, vintage cars – buying, selling, repairs.			
American/Canadian cars – buying, selling, repairs.			
Japanese Vehicles – buying, selling, repairs			
Body repairs, crash repairs and spraying			
Body Building			
Vehicle Recovery and breakdown service			
Valeting & Steam Cleaning – non-mobile			
Valeting & Steam Cleaning – mobile			
Car accessories – sales, fitting, distribution			
Tyre sales, fitting, distribution			
Petrol Sales			
Vehicle deliveries			
Wholesaling/Importing/Exporting			
Liquidations/repossession/hire purchase accounts			
Parts			
Vehicle Hiring / Leasing			
Other : Please specify :			

Are you involved in the business proposed on a full-time basis? YES NO

If Part-time, what is your other occupation? _____

Date business was established : _____

Has the proposer ever traded under another name? YES NO

If 'YES' please provide details _____

Renewal Date: _____ Present Insurers: _____

Current Terms: _____



1. Material Damage Section

Is this section required? YES NO

Details of construction:

Walls	
Roof	
Floors	
Age of Premises	
Number of Storeys	

Is the building fitted with an alarm? YES NO
 Is it linked to central monitoring station? YES NO
 Are you involved in spray painting? YES NO
 If 'Yes', Do you have a Spray Booth? YES NO
 Are the premises in an area previously affected by flooding or at risk of flooding?
 YES NO

If 'Yes' give details _____

Are you the sole occupier of the building? YES NO
 If 'No', please specify details of other tenants:

Are vehicles left in the open outside of business hours? YES NO
 If 'YES' are they stored in a compound that is completely and entirely enclosed by walls, gates or fences at least two metres high? YES NO

Sums Insured Required:	Risk Address 1	Risk Address 2
Buildings	€	€
Machinery & Plant	€	€
General Stock (excl. Tyres)	€	€
Stock of Tyres	€	€
Office Contents	€	€
Vehicles (Own/Customers)	€	€

Cover required

1. Fire & Perils only i.e. excluding stealing cover YES NO
 2. Fire, Perils & Stealing YES NO
 3. All Risks YES NO
 4. All Risks including Stealing YES NO



2. Business Interruption (Indemnity Period is 12 months)

Is this section required? YES NO

Sums Insured Required

Annual Gross Profit € _____

Increase in Cost of Working € _____

Rent Payable € _____

3. 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 € _____

4. Employers Liability (Limit of Indemnity €13,000,000)

Is this section required? YES NO

Total No of Employees: _____

Please give split between -:

Estimated Wages/Salaries

Clerical € _____

Sales € _____

Mechanics € _____

Others (please specify)

i) _____ € _____

ii) _____ € _____

If the proposer is a limited company, is cover required for the working directors

YES NO

If 'YES' please provide proposer's own remuneration € _____



5. Public Liability

(Limit of Indemnity €2,600,000)

Do you require Public Liability cover? YES NO

Do you require Products Liability cover? YES NO

Please state Total Estimated Annual Turnover € _____

Is work undertaken away from the risk premises? YES NO

If 'Yes', please provide details: _____

Are you involved in the sale of second-hand or part worn tyres and/or second-hand parts?

YES NO

If 'YES' please provide details: _____

Service Indemnity

(Limit of Indemnity €35,000)

Is cover required? YES NO

Are all persons carrying out service and repairs qualified mechanics? YES NO

Combined Claims Experience

In respect of any of the risks to which this submission relates have any accidents, losses or claims occurred (whether insured or not) within the last five years? YES NO

If 'YES' please give details:

Date of Loss	Amount Paid/ Outstanding	Cause/Details



7. Motor Trade Road Risks

Is this section required? YES NO

Please tick cover required:

Comprehensive: Third Party Fire & Theft: Third Party Only:

Drivers: - Note: Maximum of five drivers only (Including Proposer)

Use: **B = Business Use only**
S = Social Domestic & Pleasure Use only
B&S = Business Social Domestic & Pleasure Use Only

Driver's Name (Include Insured / Principal)	Penalty Points	Age	*Type of Licence	Exact Occupation	**Convictions	Use Req'd.

*Please provide details of all Licences issued outside of the EU

** Please provide details of any motor conviction or pending prosecution _____

Please state current No Claim Bonus: _____
 Earned on a Road Risk Policy: _____
 Private Car or Commercial Vehicle Policy: _____

Vehicles Owned By and Registered to Proposer

Year	Make	Model	Engine Size	Value €

Do you require cover for:

- Own Vehicles with a value in excess of €85,000? YES NO
 If 'YES' please state limit required €
- Vehicles with a GVW in excess of 10.0 ton YES NO

If 'YES', please specify the vehicle _____

- Motor Cycle Extension Required YES NO

Note: Policy can only be extended to cover one Motorcycle which is registered to the Proposer and has a BHP of 150 or less.



7.1 MTRR Accidents or claims in the last 5 years for any driver listed on the policy

In respect of the MTRR section, have any accidents, losses or claims occurred (whether insured or not) within the last five years? YES NO

If 'YES' please give details:

<u>Date</u>	<u>Driver at time of accident</u>	<u>Settled or Outstanding</u>	<u>Total Amount Paid/Outstanding</u>	<u>Circumstances</u>

Other Information/Notes:
