



*KennCo Underwriting Limited is regulated by the Central Bank of Ireland. Reg.No.0454673 Registered at Suite 7, Grange Road Office Park, Rathfarnham, Dublin 16.*

This policy has been arranged by KennCo Underwriting Limited and underwritten by Great Lakes Reinsurance (UK) PLC

## GARAGE COMBINED PROPOSAL FORM

### Important Message

All questions must be answered in full where appropriate. If insufficient space is available to provide the information requested, please use the supplementary proposal form. It is essential that you provide us with all material facts. A material fact is information that is likely to influence our decision and/or assessment of your proposal. If you are in any doubt as to whether a particular piece of information is material, you should disclose. Failure to disclose all material facts may invalidate your Policy or result in your Policy not operating fully.

| PLEASE TICK THE SECTIONS REQUIRED     |  |
|---------------------------------------|--|
| Material Damage                       |  |
| Business Interruption                 |  |
| Money                                 |  |
| Employers Liability                   |  |
| Public Liability / Products Liability |  |
| Service Indemnity*                    |  |

\* If Service Indemnity is required Public Liability cover must also be selected.

## General Information

1. Name of Proposer in full: \_\_\_\_\_
2. Address of premises to be insured: \_\_\_\_\_
3. Tel. No: \_\_\_\_\_ Fax. No: \_\_\_\_\_ Email: \_\_\_\_\_
4. Are you registered for VAT? Yes  No  VAT No? \_\_\_\_\_  
 Do you hold Trade Plates? Yes  No
5. Please give a full description of business / trade:  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Please indicate, in percentage terms, the extent of your involvement in each of the following activities:

| Activity  | % | Activity   | % |
|---|---|--|---|
| Buying/Selling of Private Cars/Light Commercial Vehicles              |   | Repairs/ Servicing/ Buying/ Selling of Motorcycles |   |
| Repairs/Servicing of Private Cars/ Light Commercial vehicles Vehicles |   | Vehicle Leasing/Hiring                             |   |
| Crash Repairs and Spraying  |   | Petrol Sales                                       |   |
| Body Building/Converting  |   | Valet/ Customer Parking Services                   |   |
| Windscreen/Exhaust Fitting  |   | Vehicle Recovery/Breakdown                         |   |
| New Tyres Sales/Fitting/Distribution                                  |   | Valeting/Steam Cleaning/Car Wash                   |   |
| Remould Tyre Sales/Fitting/Distribution                               |   | Vehicle Accessories Sales/Fitting/Distribution     |   |
| Car Auctions  |   | Car Breaking/Sale of Second Hands Parts            |   |
| Agricultural Vehicles Buying/Selling/Repairs                          |   | Vehicle Deliveries                                 |   |

Other (Please give full details below) \_\_\_\_\_

7. Please give details of any Motor Trade Association of which you are a member:  
 \_\_\_\_\_

8. Is this your first venture into the Motor Trade? Yes  No   
 If Yes, please give details of previous occupation: \_\_\_\_\_  
 If No, please confirm how many years you have been in the Motor Trade: \_\_\_\_\_ Years

9. Have you previously been insured for any of the covers to which this proposal relates, whether at these premises or elsewhere? Yes  No   
 If Yes, please give details including, policy number and dates of cover:  
 \_\_\_\_\_

10. Have you or any of your partners or directors ever had an insurer decline a proposal, refuse a renewal, terminate an insurance contract or impose special terms, for any cover to which this Proposal relates, whether for this or any other business? Yes  No   
 If Yes, please give full details:  
 \_\_\_\_\_

11. Have you or any of your partners or directors ever been convicted of or charged (but not yet tried) with any criminal offence? Yes  No   
 If Yes, please give detail full details: \_\_\_\_\_

12. Have you prepared a written safety statement in accordance with the Safety, Health and Welfare Act 2005 and Safety, Health and Welfare at Work General Application Regulations 2007? Yes  No

13. Have you dealt with any of the following vehicles within the past 12 months or do you anticipate becoming involved in any of the following vehicles anytime in the future?

Sports or high performance vehicles

Yes  No

Classic, vintage or veteran vehicles

Yes  No

Imported, exported or "one-off" vehicles such as kit-cars

Yes  No

Commercial vehicles with a designed GVW in excess of 3500kg

Yes  No

Agricultural vehicles or machinery

Yes  No

If Yes to any of the above, please give details including type of vehicles, value and frequency:

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14. Date Cover to commence: \_\_\_\_\_

## Claims History

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 | Cause/Details | Amount Paid | Amount O/S |
|--------------|---------------|-------------|------------|
|              |               |             |            |
|              |               |             |            |
|              |               |             |            |
|              |               |             |            |
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|              |               |             |            |
|              |               |             |            |
|              |               |             |            |

# Section 1 - Material Damage

## 1A Material Damage Cover

Please indicate basis of cover required (Commercial All Risks, Fire and Special Perils or Fire Only)

|   |                              |                             |
|---|------------------------------|-----------------------------|
| COMMERCIAL ALL RISKS  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| FIRE AND SPECIAL PERILS<br><i>Please indicate perils required</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Aircraft, Explosion, Earthquake                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Riot and Malicious Damage   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Storm and Flood, Escape of Water, Impact                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Sprinkler Leakage   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| FIRE ONLY   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### Property to be insured

|  |         |
|--|---------|
| Buildings, Fixtures and Fittings (including fixed plate glass)                     | € _____ |
| Contents (other than those specified below)  | € _____ |
| Stock (other than those specified below)   | € _____ |
| Theft Attractive Goods (e.g. Tobacco, tyres, exhausts, audio & computer equipment) | € _____ |
| Portable Tools belonging to you or for which you are responsible                   | € _____ |

Note - Limit per item is €1,300. Items valued over €1,000 must be specified below:

|          |         |
|----------|---------|
| 1. _____ | € _____ |
| 2. _____ | € _____ |
| 3. _____ | € _____ |
| 4. _____ | € _____ |
| 5. _____ | € _____ |

|   |         |
|---|---------|
| Miscellaneous (give full details on a separate sheet) | € _____ |
| Own vehicles  | € _____ |
| Customer vehicles                                     | € _____ |

### Value of vehicles kept

|                                    | During work hours | Outside work hours |
|------------------------------------|-------------------|--------------------|
| In locked buildings                | € _____           | € _____            |
| In a locked and enclosed compound  | € _____           | € _____            |
| In the open (on forecourts etc...) | € _____           | € _____            |
| On public highway                  | € _____           | € _____            |

What is the maximum value of any one vehicle at the premises? € \_\_\_\_\_

Give full details of all vehicle security used in respect of vehicles kept in the open:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 1B Property to be insured

(i) Construction Details: (for each Building to be insured)

Walls \_\_\_\_\_  
Roof \_\_\_\_\_  
Floors \_\_\_\_\_  
Age of Premises \_\_\_\_\_  
Number of Storeys \_\_\_\_\_

(ii) Occupancy:

Occupied by the Proposer as \_\_\_\_\_  
Occupied by any other Tenant/s as \_\_\_\_\_

(iii) Security: (When your premises are closed to customers and callers, or are left unoccupied)

a. Are all external doors, windows and other openings secured? Yes  No

b. Are the premises alarmed? Yes  No

c. Was the alarm installed by an NSAI registered alarm company? Yes  No

Name of alarm company. \_\_\_\_\_

d. Is the alarm connected to a central station? Yes  No

(iv) Are the premises in a good state of repair and well maintained? Yes  No

(v) Are the premises occupied at night? Yes  No

If Yes, by whom? \_\_\_\_\_

(vi) Does the premises have the following attached?

Forecourt (defined as an area that is incapable of being physically locked) Yes  No

Compound (defined as an area completely and entirely enclosed by walls/gates/  
fences at least 2 metres high) Yes  No

(vii) What is the method of heating used throughout the premises? \_\_\_\_\_

Are any portable heaters used? Yes  No

If Yes, please give full details: \_\_\_\_\_

(viii) Do you undertake paint spraying? Yes  No

If Yes, please give full details of where, if such painting is NOT carried out in a separate purpose built non-combustible compartment: \_\_\_\_\_

(ix) Where are flammable gases, acids or other dangerous substances stored? \_\_\_\_\_

(x) Is drainage of fuel tanks undertaken? Yes  No

(xi) Is the premises susceptible to vandalism? Yes  No

(xii) Has any property to be insured been previously flooded or is in an area which was previously flooded or is particularly exposed to flood damage? Yes  No

If Yes, please provide details \_\_\_\_\_

\_\_\_\_\_

## 1C Additional Covers

Please tick if required

### STEALING

Covers loss or damage as a result of forcible and violent entry or exit.  
Sums Insured as per section 1A

Yes  No

### GLASS

Covers malicious or accidental breakage of glass and signs as defined (other than by fire) and the cost of temporarily boarding up.

Yes  No

Sums Insured Required:

Glass

€ \_\_\_\_\_

Signs

€ \_\_\_\_\_

### SUBSIDENCE

Yes  No

Has any property to be insured ever shown any sign of damage by subsidence, heave or landslip, coastal or river erosion or is in an area that is particularly exposed to such damage?

Yes  No

If Yes, please provide details \_\_\_\_\_  
\_\_\_\_\_

## Section 2 - Business Interruption

### Is this section required?

Yes  No

This section covers loss of profit through interruption of the business following any of the perils selected under the Material Damage section 1A.

Gross Profit

€ \_\_\_\_\_

Estimated Gross Profit

€ \_\_\_\_\_

Increase in Cost of Working

€ \_\_\_\_\_

Rent Receivable

€ \_\_\_\_\_

Period for which Indemnity is required: \_\_\_\_\_ consecutive months following the date of the damage.  
(If longer than 12 months then sums insured should be adequate to cater for the period selected)

**The Policy provides cover up to €7,500 for each of the following extensions at no extra charge**

- Suppliers extension ● Customers extension ● Contract sites ● Prevention of access ● Public utilities

*If a higher limit is required, please advise details*

**For Supplier's/Customer's Extension please provide:**

Name of Supplier \_\_\_\_\_

Situation of Supplier \_\_\_\_\_

Name of Customer \_\_\_\_\_

Situation of Customer \_\_\_\_\_

## Section 3 - Money

### Is this section required?

Yes  No

1. What limit of indemnity do you require in respect of money comprising cash, cheques and other negotiable instruments (excluding crossed cheques and other non-negotiable money)?

a) In the premises out of business hours secured in a locked safe or strongroom.

€ \_\_\_\_\_

b) In the bank night safe until at bank's risks.

€ \_\_\_\_\_

c) Any other loss including whilst in transit or whilst in the premises during business hours. € \_\_\_\_\_

2. Safe Details:

a) Maker's Name \_\_\_\_\_

b) Model \_\_\_\_\_

c) Serial No. \_\_\_\_\_

3. Please state the estimated annual carryings of Money in transit in connection with your business during the next 12 months:

€ \_\_\_\_\_

## Section 4 & 5 - Liabilities

1. **Employers Liability:** Is this section required?  
 Limit of indemnity €13,000,000 Yes  No

2. **Public Liability:** Is this section required?  
 Limit of indemnity €2,600,000 Yes  No

3. **Products Liability:** Is this section required?  
 Limit of indemnity €2,600,000 Yes  No

4. **Service Indemnity:** Is this section required?  
 Please tick Limit of Indemnity required: Yes  No   
€635,000   
€1,300,000

5. **Estimated payments and turnover:**

**Employers Liability**

| Category   | Number | Estimated Wages/Salaries*                                |
|--|--------|--|
| a) Clerical  | _____  | € _____  |
| b) Mechanics   | _____  | € _____  |
| c) Others (please specify)   | _____  | € _____  |
| i) _____   | _____  | € _____  |
| ii) _____  | _____  | € _____  |
| d) Employees Working Away from the Premises  | _____  | € _____  |
| e) Proposer's own remuneration if working manually in the business   | _____  | € _____  |
| If the Proposer is a limited company, should the working director's wages be included under the Employers Liability section? |        | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**Public / Products Liability & Service Indemnity**

| Category                        | Turnover |
|---------------------------------|----------|
| a) Vehicle Sales                | € _____  |
| b) Servicing & Repairs          | € _____  |
| c) Spare Parts                  | € _____  |
| d) Other (please specify) _____ | € _____  |
| <b>TOTAL</b>                    | € _____  |

\* The term "wages, salaries and other earnings" means the employees' total remuneration including overtime, value of board and lodging, housing accommodation, bonuses and any other prerequisites in kind or money received by the employees in connection with their employment. Employee includes labour masters and persons supplied by them, labour only sub-contractors and persons employed by them, self-employed persons, persons hired to or borrowed by you and persons undertaking study or work experience.

6. Describe precisely:

(a) Work undertaken at your premises \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(b) Work undertaken away from your premises \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Will this work involve the use of welding, flame cutting equipment, blow lamps or hot air strippers? Yes  No

7. Do you comply with all the legislation and regulations pertaining to the processes, substances used, dust and fumes within the workplace? Yes  No

8. Are your ways, works, machinery and plant properly fenced / guarded and otherwise in good order and condition? Yes  No

9. Are all your employees over 16 years of age and under 65 years of age, and in good health and free from physical defect? Yes  No

10. Are all inspections of lifting apparatus, boilers and steam pressure vessels carried out in compliance with statutory requirements? Yes  No

*If you answered 'No' to one or more of questions 7, 8, 9 or 10, please give full details.*

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11. Do you undertake work outside of the Republic or Ireland? Yes  No

12. Do any of your activities involve exposure to noise levels exceeding 85-dB (A)? Yes  No

13. Do you handle, store, use or manufacture directly, or as a by product, any substance or material which is:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| a) Toxic, poisonous, irritant or harmful?          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Corrosive, flammable or oxidising?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Potentially infectious or biologically harmful? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

14. Do you handle or use radioisotopes, radioactive substances or other sources of ionising radiation? Yes  No

15. Have you entered into any agreement assuming a liability for injury, illness, loss or damage for which you would not have been liable in the absence of such agreement? Yes  No

16. Do you import or export any goods? Yes  No

17. Do you export to the USA or Canada? Yes  No

18. Do you supply goods for use in the nuclear, aircraft or marine industries? Yes  No

19. Has it ever been necessary to recall any of your products? Yes  No

20. In respect of any of your products, has your company ever been prosecuted for an offence under any legislation or regulations; or have your products ever been subject to an inquiry by any Government Agency? Yes  No

*If you answered 'Yes' to one or more of questions 11, 12, 13, 14, 15, 16, 17, 18, 19, or 20, please give full details.*

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