



Motor Trade Road Risks Proposal Form

IMPORTANT MESSAGE

This Proposal Form is an agreement between you and the insurer named in the Certificate of Motor Insurance. 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.

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 this to us.

Failure to disclose all material facts may invalidate your Policy or result in your Policy not operating fully.

[WE RESERVE THE RIGHT TO DECLINE ANY PROPOSAL](#)

1. PROPOSER'S DETAILS

| | | |
|------------------------|----------------------|----------------------|
| Title (Mr/Mrs/Dr etc.) | First Name(s) | Surname |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

If Company, full Company Name, Trading Name or Title

Please give a full description of your business/trade

| | |
|----------------------|--|
| Home Address | Trading Address if Different (if more than one, please provide all addresses separately) |
| <input type="text"/> | <input type="text"/> |

| | | | |
|----------------------------|---|-----------------------------|---------------------------|
| Telephone Number (daytime) | Type of Premises (eg. Workshop, lock-up etc.) | Are you registered for VAT? | Do you hold Trade Plates? |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

2. DRIVER DETAILS

| Name | Date of Birth | Occupation (including Part Time & non Motor Trade) | Type of Licence | Date Licence Obtained | Use Required | | | |
|------|---------------|---|-----------------|-----------------------|--------------|----|---------|----|
| | | | | | Motor Trade | | S.D & P | |
| | | | | | Yes | No | Yes | No |
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Have you or any named driver

- (a) ever been convicted of any motoring offence or been warned verbally or in writing of any possible pending prosecution?
- (b) ever been disqualified from driving or had a driving licence suspended or revoked?
- (c) ever had a motor insurance policy cancelled or refused or had special terms imposed?
- (d) had any ACCIDENT, LOSS, FIRE or THEFT claim within the last FIVE years, regardless of blame?

(if you have answered Yes to any of the above questions, give full details below)

| | Yes | No |
|--|-----|----|
| | | |
| | | |
| | | |
| | | |
| | | |

| Name | Date of offence or claim | Details | Sentence, Fine, Disqualification Period or Penalty Points or cost of claim |
|------|--------------------------|---------|---|
| | | | |
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Have you or any named driver

(e) ever suffered from diabetes, epilepsy, heart disorder, vision/hearing impairment, loss of any limb, or suffer from any mental/physical infirmity?

(f) ever been convicted of a CRIMINAL non-motoring offence?

Yes No

| | |
|--|--|
| | |
| | |

(if you have answered Yes to any of the above questions, give full details below)

| Name | Date of onset of condition | Details of Medical Condition (include medication and amounts) | Date of CRIMINAL conviction | Details of Conviction (include sentence) |
|------|----------------------------|--|-----------------------------|---|
| | | | | |
| | | | | |
| | | | | |

3. BUSINESS DETAILS

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

| | % | | % |
|--|---|--|---|
| Buying/Selling of Private Cars/Light Commercial Vehicles | | Repossession/Liquidations | |
| Repairs/Serviceing of Private Cars/Light Commercial Vehicles | | Valet/Customer Parking Services | |
| Valeting/Steam cleaning/car wash | | Accessories – sales/fitting/distribution | |
| Vehicle Recovery/Breakdown | | Car Breaking/Sale of Second Hand Parts | |
| Windscreen/Tyre/Exhaust fitting | | Other (please give full details) | |
| Assessor/Engineer | | | |

Is this your first venture into the Motor Trade? (If yes, state when this business was established and your previous occupation)

| | | |
|----|-----|--|
| NO | Yes | |
|----|-----|--|

Are You Full Time or Part-Time in the Trade?

Full Time

Part-Time

If no please enter your UID Number

Estimated Annual Turnover €

Maximum Number of Vehicles (at any one time)

Number of Vehicles handled in past 12 Months

4. VEHICLE DETAILS

NOTE – REFER TO POLICY BOOKLET FOR LIST OF EXCLUDED VEHICLES

Please list all vehicles currently owned by you (if insufficient space, please use a supplementary declaration, if declaring a motorcycle please confirm the BHP)

| Make/Model | Engine Size /cwt/GVW | Year | Value | Reg. Number | Main Driver | Use of Vehicle |
|------------|----------------------|------|-------|-------------|-------------|----------------|
| | | | | | | |
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Do you require cover for any of the following

a) Sports, high performance, imported or classic/vintage vehicles? (if yes, please confirm whether own vehicles, customer or stock vehicles or both)

NO YES OWN CUSTOMER OR STOCK BOTH

b) Increased maximum value for your own vehicles? (if yes, please confirm which value band you require)

NO YES €85,001 - €100,000 €100,001+

c) Own motorcycle - refer to Policy Booklet for restrictions. (if yes, please provide details on Own Vehicle List above)

NO YES

If Yes please confirm that your motorcycle does not exceed 150BHP

(Ticking here means your motorcycle does not/will not exceed 150BHP & you understand there is no cover if it does.)

4A. Recovery Vehicles

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 and if we agree to cover any of the recovery vehicles you list, it/they must be listed by us on the Schedule of Insurance.

| Make | Model | Unladen Weight | Year Made | Value | Reg Number | Max No of Vehicles it can carry? |
|------|-------|----------------|-----------|-------|------------|----------------------------------|
| | | | | | | |
| | | | | | | |
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5. COVER & NO CLAIMS DISCOUNT DETAILS

Please indicate what 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? (if yes, please confirm the amount required)

NO YES €120 €240 €480

Are you entitled to a No Claims Discount? (if yes, state number of years, percentage discount and expiry date of previous policy. A Gap-in-Cover Declaration may be required)

| | Years | Percentage | Expiry Date | Insurer | Policy Type |
|-----------------------------|---|------------|-------------|---------|-------------|
| <input type="checkbox"/> NO | <input checked="" type="checkbox"/> YES | | | | |
| | | | | | |

Have you ever been named on a MotorTrade insurance policy? (if yes, state insurer, policy number, period of cover and whose policy)

| | Insurer | Policy Number | From | To | Policy Holder |
|-----------------------------|---|---------------|------|----|---------------|
| <input type="checkbox"/> NO | <input checked="" type="checkbox"/> YES | | | | |
| | | | | | |

6. DECLARATION

I/We declare that to the best of my/our knowledge and belief, the statements in this proposal are true and complete and I/we have not withheld any material information. If such statements are computer printed or in the writing of another person, the person completing this form or keying the information into the computer system acted as my/our agent for such purposes. I/We now invite KennCo Underwriting Limited to act upon these statements and issue a contract of insurance between myself/ourselves and the Insurer concerned. I/We accept the Insurer's policy subject to its terms, conditions and exceptions. I/We consent to the information on this proposal and on any claim I/we make being supplied to any other person and/or organisation as KennCo Underwriting Limited or any Insurer concerned may deem it necessary. I/We also agree that, in response to any searches you make in connection with this application or any claim, any other person and/or organisation may supply information it has received about any other claims I/we have made and/or my/our driving licence and/or experience.

PROPOSER'S SIGNATURE

DATE

DATE COVER IS REQUIRED FROM

If the Proposer is a Company, please print the name and status of the signatory



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