



ARB Underwriting Limited is regulated by the Financial Regulator. Registered No. 168567 Registered Office: 25 / 28 North Wall Quay, Dublin 1

This certificate has been arranged by ARB Underwriting Limited and underwritten by Faraday Reinsurance Company Limited.

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 Certificate or result in your Certificate not operating fully.

AVAILABLE COVER	STATUS
Material Damage including theft and/or glass	Compulsory
Business Interruption	Optional
Money	Optional
Employers Liability	Optional
Public Liability / Products Liability	Optional*
Service Indemnity	Optional*

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

SALES



SERVICING



REPAIR



GENERAL INFORMATION

1. Name of Proposer in full: _____

2. Address of Premises to be insured: _____

3. Tel. No: _____ **Mob 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		Repossession/Liquidations	
Repairs/Serviceing of Private Cars/Light Commercial 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	
Assessor/Engineer		Car Breaking/Sale of Second Hand 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 insurer, 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 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?

Sports or high performance vehicles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Classic, vintage or veteran vehicles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Imported, exported or "one-off" vehicles such as kit-cars	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Commercial vehicles with a designed GVW in excess of 3500kg	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Agricultural vehicles or machinery	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

14. Do you anticipate becoming involved in any of the above vehicles? Yes No

If Yes, please give details:

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

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	Yes .	<input type="checkbox"/>	No	<input type="checkbox"/>
Please indicate perils required Aircraft, Explosion, Earthquake	Yes .	<input type="checkbox"/>	No	<input type="checkbox"/>
Riot & Malicious Damage	Yes .	<input type="checkbox"/>	No	<input type="checkbox"/>
Storm & 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

	Sum Insured
Buildings, Fixtures and Fittings (including fixed plate glass)	€
Contents (other than those specified below)	€
Stock (other than 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 DETAILS**(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 gasses, acids or other dangerous substances stored? _____**(x)** Is drainage of fuel tanks undertaken? **Yes** . **No** **(xi)** Is the premises susceptible to:
Falling Trees **Yes** . **No** Flood **Yes** . **No** Vandalism **Yes** . **No**

IC – ADDITIONAL COVERS		please tick if required	
STEALING	Yes .	<input type="checkbox"/>	No <input type="checkbox"/>
Covers loss or damage as a result of forcible and violent entry or exit Sums Insured as per section 1A			
GLASS	Yes .	<input type="checkbox"/>	No <input type="checkbox"/>
Covers malicious or accidental breakage of glass and signs as defined (other than by fire) and the cost to temporarily boarding up. Sums Insured Required:			
	Glass	€	_____
	Signs	€	_____

Section 2 – Business Interruption

Is this section required?	Yes .	<input type="checkbox"/>	No <input type="checkbox"/>
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		€	_____
Non average declaration linked basis	Yes .	<input type="checkbox"/>	No <input type="checkbox"/>
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 Certificate provides cover up to €7,500 for each of the following extensions at no extra charge			
a Suppliers extension			
b Customers extension			
c Contract sites			
d Prevention of access			
e Public utilities			
<i>If a higher limit is required, please advise details</i>			
For Suppliers/Customers Extension please provide:			
Name of Supplier	_____		
Situation of Supplier	_____		
Name of Customer	_____		
Situation of Customer	_____		

Section 3 - Money

Is this section required?		Yes .	<input type="checkbox"/>	No	<input type="checkbox"/>
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 safes until at banks risk	€			
c	Any other loss including whilst in transit or whilst in the premises during business hours	€			
2	Safe Details:				
a	Makers 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:	€			

Sections 4 & 5 - Liabilities

1	Employers Liability :	Is this section required?	Yes .	<input type="checkbox"/>	No	<input type="checkbox"/>
	Limit of Indemnity €13,000,000					
2	Public Liability :	Is this section required?	Yes .	<input type="checkbox"/>	No	<input type="checkbox"/>
	Limit of Indemnity €1,300,000					
3	Products Liability :	Is this section required?	Yes .	<input type="checkbox"/>	No	<input type="checkbox"/>
	Limit if Indemnity €1,300,000					
4	Service Indemnity :	Is this section required?	Yes .	<input type="checkbox"/>	No	<input type="checkbox"/>
	Please tick Limit of Indemnity required:	€130,000		<input type="checkbox"/>		
		€635,000		<input type="checkbox"/>		

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) Proposers 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) _____		€ _____
TOTAL		€ _____

* 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 . <input type="checkbox"/> No <input type="checkbox"/>

7	Do you comply with all the legislation and regulations pertaining to the processes, substances used, dust and fumes within the workplace?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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8	Are your ways, works, machinery and plant properly fenced/guarded and otherwise in good order and condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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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 <input type="checkbox"/> No <input type="checkbox"/>
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10	Are all inspections of lifting apparatus, boilers and steam pressure vessels carried out in compliance with statutory requirements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you answered No to one or more of questions 7, 8, 9 or 10 please give full details.

11	Do you undertake work outside of the Republic of Ireland?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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12	Will your premises be used for any functions or entertainment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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13	Do any of your activities involve exposure to noise levels exceeding 85-dB (A)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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14	Do you handle, store use or manufacture directly, or as a by product, any substance or material which is:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(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"/>

15	Do you handle or use radioisotopes, radioactive substances or other sources or ionising radiation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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16	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	<input type="checkbox"/>	No	<input type="checkbox"/>
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17	Do you work on offshore installations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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18	Do you import or export any goods?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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19	Do you export to the USA or Canada?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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20	Do you supply goods for use in the nuclear, aircraft or marine industries?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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21	Has it ever been necessary to recall any of your products?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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22	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	<input type="checkbox"/>	No	<input type="checkbox"/>
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<i>If you answered Yes to one or more of questions 12,13,14, 15, 16, 17, 18, 19, 20, 21, or 22 please give full details.</i>	

DATA PROTECTION

The defined terms used in this section shall have the meaning given to those terms in the Data Protection Act 1998 (as may be amended from time to time) or Republic of Ireland equivalent legislation if such legislation exists.

In the course of providing insurance services to the proposed insured/insured, the Insurer may have access to Personal Data. The proposed insured/insured warrants that it shall have obtained all necessary authorisations and approvals from Data Subjects prior to disclosing any Personal Data to the Insurer whether such disclosure is made directly by the proposed insured/insured to the Insurer or indirectly by the proposed insured/insured to any agent acting on behalf of the proposed insured/insured or the Insurer). The Insurer shall be the Data Controller of any Personal Data provided to it.

The Insurer undertakes that it shall only use any Personal Data provided to it for the purposes of performing its services in connection with its contract of insurance with the proposed insured/insured. This will include the processes of underwriting, administration and claims assessment as well as any necessary services ancillary thereto.

The Insurer will hold all Personal Data provided to it securely and shall limit access to such Personal Data to those who have a need to see it. The proposed insured/insured hereby consents to the Insurer sharing any Personal Data provided to it with its group companies, agents, reinsurers, claims handlers, loss adjusters, medical professionals and other professional advisors, healthcare management companies and any other necessary service providers with whom the Insurer contracts in connection with the proposed contract/contract of insurance between the proposed insured/insured and the Insurer.

The insured acknowledges that the Insurer may be required as a matter of law or regulation to disclose Personal Data provided to it to a Court of law or regulatory body such as the Financial Services Authority or any other public body or authority of competent jurisdiction and the proposed insured/insured hereby consents to any such disclosure.

The proposed insured/insured acknowledges that the insurance industry maintains certain registers for the purposes of fraud prevention and hereby consents to the Insurer sharing Personal Data provided to it with fraud prevention agencies and other insurance companies for the purposes of fraud prevention and to validate your claims history.

<p>Declaration</p> <p>Please read the declaration very carefully, especially if the Proposal has not been completed in your own hand.</p> <p>I/We declare that the statements and particulars given in this Proposal, are, to the best of my/our knowledge and belief, true and complete and that no material facts concerning the insurance have been withheld and that the Proposal will form the basis of my/our contract.</p> <p>Signed: _____ Date: _____</p> <p>Position held in the company: _____</p>
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