

**A.R.B. Underwriting Limited
ARB House
9 Blackrock Business Park
Carysfort Avenue
Blackrock
Co. Dublin**

**MOTOR • TRADE • ROAD • RISKS
INSURANCE • 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 a 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. You should keep a copy of all information supplied to us. At your request, we will provide you with a copy of this within 3 months after its completion. WE RESERVE THE RIGHT TO DECLINE ANY PROPOSAL. NO COVER IS IN FORCE UNTIL A CERTIFICATE OF INSURANCE HAS BEEN ISSUED.

1. PROPOSER'S DETAILS

Title (Mr/Mrs/Dr etc.) First Name(s) Surname

If Company, full Company Name, Trading Name or Title Are you resident in ROI / UK? for more than 3 years? If no, please give details

Please give a full description of your business/trade.

Address Work Address (if more than one, please provide all addresses separately)

Telephone Number (daytime) Type of Premises (eg. Workshop, lock-up etc.) Are you registered for VAT? VAT Number Do you hold Trade Plates?

2. DRIVER DETAILS

Name	Date of Birth	Occupation (including Part Time & non Motor Trade)	Type of Licence	Date Licence Obtained	USE REQUIRED			
					Motor Trade Yes No	S, D & P Yes No		

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 ticked any shaded boxes for any of the above questions, give full details below)

Name	Date of Offence or Claim	Date of Conviction	Offence or Claim Details	Sentence, fine and Disqualification period or cost of claim

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

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

(g) lived outside of the European Union within the last FIVE years, other than for a holiday?

(if you have ticked any shaded boxes for 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

Estimated Annual Turnover €
 Please advise your NFD UID
 Maximum Number of Vehicles (at any one time)
 Number of Vehicles handled in past 12 Months

4. VEHICLE DETAILS

NOTE – REFER TO GENERAL POLICY INFORMATION ON BACK OF THIS FORM FOR A LIST OF EXCLUDED VEHICLES

Please list all vehicles currently owned by you (if insufficient space, please use a supplementary declaration)

Make/Model	Engine Size/cwt/GVW	Year	Value	Reg. Number	Main Driver	Use of Vehicle

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

(c) Own motorcycle – refer to General Policy Information on the back of this form for restrictions. (if yes, please provide details on Own Vehicle List above)

NO
 YES

(d) Is increased GVW (Gross Vehicle Weight) required

NO
 YES
 3.5 Ton - 5 Ton
 5 Ton - 10 Ton

(e) Do you require use in connection with your full time Non-Motor Trade occupation

NO
 YES

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
 €320
 €640

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)

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

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

NO	YES	Insurer	Policy Number	From	To	Policyholder
<input type="checkbox"/>	<input type="checkbox"/>					

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 A.R.B. Underwriting Ltd. 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 A.R.B. Underwriting Ltd. 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.

PROPOSERS SIGNATURE
 DATE

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

General Policy Information

STANDARD POLICY INCLUDES

Commercial vehicles up to a maximum GVW of 5 tons

Customer vehicles up to a maximum value of €100,000

Vehicle Transporters or Recovery Units capable of carrying no more than one vehicle whilst towing one vehicle

Vehicles owned by and registered to the policyholder up to a maximum value of €85,000

Demonstration Use*

Compulsory excess of €640 (€500 for drivers over 40)

Young/Inexperienced Driver excess of €200*

Windscreen cover for vehicles owned by and registered to the policyholder*

Up to a maximum amount payable of €125,000 per policy term for Accidental Damage, Fire and Theft

POLICY CAN BE EXTENDED TO INCLUDE

Maximum value of own vehicles increased up to €100,000*

Commercial Vehicles up to maximum GVW of 10 tons

Sports, high performance, imported, classic or vintage vehicles – including own vehicles

Cover for one Motorcycle, owned by and registered to the Policyholder and restricted to Social Domestic and Pleasure use by the Policyholder only.

POLICY EXCLUDES

Vehicles owned by individual directors, partners, employees or any named drivers

Vehicles used for Self-Drive Hire or those leased to or hired to you or customers (including any sponsorship vehicles)

Vehicles used for the carriage of people or carriage of goods for hire or reward

Vehicle Transporters or Recovery Units capable of carrying more than one vehicle whilst towing one vehicle

* subject to terms and conditions

Terrorism Exclusion

We shall not be liable for any loss, damage, cost or expense of whatsoever nature, directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. Except insofar as that which is covered under Section 1 – Third Party Liability and for which our obligations under the Road Traffic Acts require us to be liable. This also excludes loss, damage, cost or expense of whatsoever nature, directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relation to an act of terrorism.

If we allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this Policy, the burden of proving to the contrary shall be upon the Insured.

For the purpose of this, an act of terrorism means an act, including but not limited to the use of violence and/or threat thereof, of any person or group(s) of persons, whether acting alone or on behalf or in connection with any organisation(s) or government(s), committed for political or other purposes including the intention to influence any government and/or to put the public or any section of the public in fear.

IMPORTANT INFORMATION

Law applicable to Contract

Under relevant European (Third EU Non-life Insurance Directive) and Irish law, the parties to a proposed contract of insurance are free to choose the law applicable to the contract. We propose that Irish law will apply to the contract.

“Cooling-off Period” Right to Cancel

You, the *consumer, have the right to cancel your policy within 14 days of the inception or renewal date or the date you receive the policy documents without penalty and without giving any reason. To do this, you must advise us (or your insurance broker) and return the Certificate of Motor Insurance and Insurance Disc.

If you choose to cancel your policy during the “cooling-off period”, you will have to pay a proportional amount of premium for the period of time you had insurance cover.

* In accordance with the Distance Marketing Directive (Directive 2002/65/EC), a consumer is a natural person acting for purposes outside his/her trade, business or profession.

Complaints Procedure

We aim to provide a high standard of service, but if you are not satisfied your complaint should be addressed in the first instance to:

Motor Manager , ARB Underwriting Ltd, ARB House, 9 Blackrock Business Park, Carysfort Avenue, Blackrock, Co. Dublin.

Tel: +353 1 525 7900 E-mail: motor@arb.ie

If you are not satisfied with the way your complaint has been dealt with, or if you have not received a final response within forty business days of the complaint being made, you may refer your complaint to the Financial Services Ombudsman (FSO). The contact details are as follows: Financial Services Ombudsman, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2, Ireland. Tel: +353 1 6 620 899 Fax: +353 1 6 620 890 E-mail: enquiries@financialombudsman.ie

The complaints handling arrangements above are without prejudice to your rights in law.

DATA PROTECTION NOTICE

ARB considers that protecting personal information is very important and we recognise that you have an interest in how we collect, use and share such information. We invite you to review this Data Protection Statement, which outlines how we use and protect that information.

Use of Information

1. This notice will explain how ARB will use information provided by yourself and third parties. References to “ARB” means ARB Underwriting Limited, and on behalf of certain underwriters and/or approved insurers, and all its subsidiaries.

The information that you provide to ARB will be held on a computer, computer database, e-mail, imaged documents, files, and letter and/or in any other way. ARB will use this information to (i) administer and process any products /services you have purchased from us, (ii) administer any future agreements we may have with you, (iii) manage any claim notified by you or by a third party and (iv) for client services, research and statistical analyses.

2. When considering a proposal or administering your insurance contract(s), handling claims, or making decisions regarding deferred payment arrangements, including whether to continue or to extend an existing deferred payment arrangement, ARB may carry out searches (for the purpose of verifying your identity and driving experience) and/or a credit search with one or more licensed credit reference agencies.
3. For underwriting and claims purposes, we may request details about the health, the condition, the commission or alleged commission of any offence and conviction about you. In these applications, you explicitly consent to the processing of your details for these purposes.

Rights of Customers

4. You have the right of access to the personal data held about you by ARB by sending a written request to the Data Protection Unit, ARB Underwriting Ltd and certain underwriters and/or approved insurers, and on payment of a fee of €6.35. You also have the right to require ARB to correct any inaccuracies in the information we hold about you.

Sharing of Information

5. We shall not disclose personal information without the consent of the individual to which it relates except in limited circumstances as permitted or required by law. We may share personal information with agents or service providers in connection with providing, administering and servicing the products you have purchased from us or in the course of handling third party claims.

Where we choose to have certain services provided by third parties, we do so in accordance with the applicable law and take reasonable precautions regarding the practices employed by the service provider to protect personal information.

Insurance-Link

6. Where you make a claim, we will pass details of the event to the Insurance-Link Central Register maintained by insurance companies under the aegis of the Irish Insurance Federation. The information will be shared with other insurance companies to safeguard against non-disclosure and help prevent fraudulent claims. Where there are reasonable grounds for suspicion, information may be passed to relevant enforcement agencies.

You have the right of access to the personal data held about you by Insurance-Link. Please write to the Data Protection Unit, ARB Underwriting Limited, if you would like to know how to access the information on the Central Register.

Other

7. If you decide to proceed or have any other communication with ARB through or in relation to its products and services you accept the use by ARB of your personal data as indicated.

BROKER'S DETAILS

BROKER CHECK LIST

	YES	NO
Are all the questions fully answered?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Proposer initialled any changes made to this proposal?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Proposer signed and dated this proposal?	<input type="checkbox"/>	<input type="checkbox"/>
Are copies of ALL drivers licences attached to this proposal?	<input type="checkbox"/>	<input type="checkbox"/>
Is all other supporting documentation attached?	<input type="checkbox"/>	<input type="checkbox"/>