

STORAGE & TRANSIT insurance Proposal Form

REF:

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Full name of proposer :

Proposer's address :

Business or occupation : **Tel. #:**

LOCATION : (the storage premises in which vehicles to be insured are kept)

Address (if different to proposer's address) :

Are the premises :

Built of brick, stone or concrete and roofed with slate, tiles, concrete or asphalt?

Yes No, if NO please give details

In an area which is free of flooding and not in the vicinity of any rivers, streams or tidal waters?

Yes No, if YES please give details

Regularly left unattended by day or night?

Yes No, if YES please give details

Used for any business or professional purposes?

Yes No, if YES please give details

Please give full details of the following:

Types of locks on all external doors :

Types of window locks or catches :

Details of burglar alarms :

Fences/walls :

Other protections including fire/smoke detectors/alarms :

VEHICLES (or attach detailed schedule)

Make	Model	Year	Chassis No.	Value €

Please include recent colour photographs showing all four sides of the vehicle and the date the photographs were taken.

Enclosed Photographs Yes No

Unless requested, vehicles will be insured for their market value.

Is Agreed Value Insurance requested Yes No

Agreed Values will be considered subject to appraisals and valuations of each vehicle.

Enclosed Appraisal/Valuation Yes No

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Are any of the vehicles to be insured

a) leased subject to a loan or the property of a person other than the proposer ?

Yes No, if YES please give details

b) registered in the name of the proposer ?

Yes No, if NO please give details

How long have the vehicle(s) been owned by the Proposer ?

TRANSITS (Complete this section only if you require Transit Risk extension).

a) How many transits will each vehicle undertake during the period of insurance

b) What is the maximum duration of any one transit (In time and distance)?

c) What method of transportation will be used?

d) What are the purposes of the transits?

e) Will any of the transits involve travel outside of the country in which the vehicle is stored ?

Yes No, if YES please give details

GENERAL (To be completed by all proposers)

a) Name of current insurers :

b) Expiry date of current policy :

c) Has any insurer declined to accept, cancelled, refused to continue or agreed to continue on special terms any insurance for the proposer or any other person to whom this insurance would apply ?

Yes No, if YES please give details:

Has the proposer or any named driver, sustained any loss or damage during the last five years which would have been covered by this type of insurance had it been in force, and/or had any incident/loss in connection with any motor vehicle ? If yes, please answer following questions:

a) Approximate date of each loss or damage?

b) Amount of each loss or damage?

c) Details of each loss or damage?

Have you or any person residing with you, ever been convicted of arson or any offence involving dishonesty e.g. fraud, theft or handling of stolen goods? Yes No, if YES, please give details:

Please indicate which excess you wish to bear (tick as appropriate)

€ 750,- € 1.000,- € 1.500,- € 3.500,- Other, please specify €

From which date do you wish this insurance to commence?

This proposal and the information provided in connection therewith contains statements upon which Underwriters will rely in deciding whether to accept this insurance and in determining the terms and conditions of such acceptance. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to whether a fact is a material or not you must disclose it in the space below.

DECLARATION

To the best of my/our knowledge and belief the information provided in connection with this proposal, whether in my/our own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. I/we understand that the signing of this proposal does not bind me/us to complete or Underwriters to accept this insurance. If the proposal is completed or signed by someone other than the proposer, please state name and relationship.

Signature of proposer:

Date: