

**AUTOMOTIVE  
RENEWAL  
DECLARATION  
FORM**

Please complete and return to: St. Paul Ireland,  
Block 2, Harcourt Centre,  
Harcourt Street,  
Dublin 2.

F.A.O. The Automotive Department

**Please note all monetary amounts indicated will be deemed to be EURO's.**

St. Paul Ireland

**AUTOMOTIVE MOTOR TRADE RENEWAL DECLARATION FORM**

Please amend any details if they are different to those specified below

Policy Number: IC/ATI/

Renewal Date:

Current Name:  
Incl any subsidiary or associated  
Companies

Current Correspondence Address :

**SECTIONS CURRENTLY COVERED**

MATERIAL DAMAGE  
PUBLIC LIABILITY  
SERVICE INDEMNITY  
EMPLOYERS LIABILITY  
BUSINESS INTERRUPTION  
MONEY  
ROAD RISK



## MATERIAL DAMAGE SECTION

<b>Risk Address(s):</b> ( Please state in full <b>all</b> locations /premises for which you require cover )	
1. 2. 3. 4. 5. 6.	

**Only premises listed above will be covered by this policy.**

If there is more than 6 separate locations, please complete on a separate sheet

### Property to be insured at each location

Risk Address	Buildings	Machinery & Plant	General Stock	Own Vehicles	Customer Vehicles	Portable Hand Tools	Theft Attractive Goods i.e Audio, cigarettes	Misc Please specify
As Above	€	€	€	€	€	€	€	€
1								
2								
3								
4								
5								
6								

What is the Value of Vehicles kept	Whilst premises open	Whilst premises closed
i) in locked buildings	€	€
ii) in a locked and enclosed compound (as defined in the policy)	€	€
iii) in the open (on forecourts etc....)	€	€
_____		

Please note vehicles **not held** in locked buildings or in a Compound, are **not covered** outside business hours.

A Compound is defined as an area totally enclosed by walls, gates, fences at least 7ft high.

## EMPLOYER'S LIABILITY SECTION

All premiums on this policy section are **minimum** and **deposit premiums**.

### 2003 – 2004 Declaration

Please input the **actual annual wages** for the policy period 2003 to 2004.

An adjustment in premium will be calculated on the actual wage roll. An Endorsement will be issued and your account will be adjusted accordingly on the next statement.

	Payroll Details	Number of Staff	Full Time	Part Time	Actual Payroll
	Mechanics				€
	Panel Beaters				€
<b>EMPLOYEES</b>	Spray Painers				€
	Valeters				€
	Sales				€
	Clerical				€
	Other				€
	Mechanics				€
	Panel Beaters				€
<b>PARTNERS / DIRECTORS</b>	Spray Painers				€
	Valeters				€
	Sales				€
	Clerical				€
	Other				€

*Note : Annual renewal documents will not be issued without receipt of this Declaration*

### 2004 - 2005

Is cover under this section required? Yes / No

Please input the estimated annual wages, salaries and all other earnings for the forthcoming year. The figure should include a minimum of €21,000 for each director.

There will be an automatic increase of 7.5 % on last years wageroll figure unless the figures declared in the 2003– 2004 Declaration are higher, or higher revised figures are entered below.

2004 TO 2005	Payroll Details	Number of Staff	Full Time	Part Time	Projected Payroll
	Mechanics				€
	Panel Beaters				€
<b>EMPLOYEES</b>	Spray Painers				€
	Valeters				€
	Sales				€
	Clerical				€
	Other				€
	Mechanics				€
	Panel Beaters				€
<b>PARTNERS / DIRECTORS</b>	Spray Painers				€
	Valeters				€
	Sales				€
	Clerical				€
	Other				€

## Employers Liability – Con'd

\* Please note at next renewal date – 2005, a Declaration of the **Actual Payroll** will be required and the policy premium adjusted accordingly.

1. In the past five years, have any of your employees or contractors
- a) been injured or died in a work-related accident or
  - b) suffered from a work-related illness
- and as a result been out of work for more than three working days ? Yes / No

If Yes, please provide full details on your headed paper.

2. In the event of work-related injury or illness, please outline your policy in relation to:-
- a) payment to the employee or contractor including bonuses and overtime  
.....  
.....
  - b) payment of medical fees  
.....  
.....
  - c) payment of ancillary costs  
.....  
.....

3. Have all non-clerical employees received approved manual handling training ? Yes / No

**Please note that all such employees must have this training before carrying out any form of manual operations.**

4. Have comprehensive health and safety risk assessments been carried out for all operations within your company ? Yes / No

If not, please provide full details using a sheet of your headed paper if necessary

.....  
.....

5. **Please attach copies of your Safety Statement and of the most recent 12 months from your accident records.**

**Declaration** I/We confirm that the above information supplied is true and complete. I /We confirm that it will form part of the proposal for insurance made by me/us to St. Paul Ireland.

Signature of Principal/Senior Director .....

Title ..... Date .....

## **PUBLIC LIABILITY SECTION**

All premiums on this policy section are **minimum** and **deposit** premiums.

### **2003 – 2004 Declaration**

Please input the **actual Turnover** for the policy period 2003 to 2004.

An adjustment in premium will be calculated on the actual Turnover. An Endorsement will be issued and your account will be adjusted accordingly on the next statement.

<b>Actual Turnover for policy period 2003 – 2004 (Split between following)</b>
Vehicle Sales (€)
Petrol Sales (€)
Servicing & Repairs (€)
Other (Please specify) (€)
<b>TOTAL (€)</b>

### **2004 – 2005**

Is cover required under the Public Liability Section? Yes / No

Is cover required under the Products Liability Section ? Yes/ No

There will be an automatic increase of 7.5 % on last years turnover figure unless the figures declared in the 2003 – 2004 Declaration are higher, or higher revised figures are entered below.

Is Defective Workmanship Cover Required Yes / No

Defective Workmanship Indemnity Limit Required €126,974 / €34,869

<b>Estimated * Turnover For policy period 2003– 2004 (Split between following)</b>
Vehicle Sales (€)
Petrol Sales (€)
Servicing & Repairs (€)
Other (Please specify) (€)
<b>TOTAL (€)</b>

\* Please note at next renewal date – 2005 a Declaration of the actual Turnover will be required and the policy premium adjusted accordingly.

## **BUSINESS INTERRUPTION SECTION**

All premiums on this policy section are **minimum** and **deposit** premiums.

### **2003– 2004 Declaration**

Please input the **actual Gross Profit** for the policy period 2003 to 2004.

An adjustment in premium will be calculated on the actual Gross Profit. An Endorsement will be issued and your account will be adjusted accordingly on the next statement.

<b>Basis of Cover</b>	<b>Actual for 2002– 2003</b>	
Gross Profit – Sum Insured Basis	€	
Increased Cost of Working	€	

### **2004- 2005**

Is cover required under this Section? Yes / No

There will be an automatic increase of 7.5 % on last years Gross Profit figure unless the figures declared in the 2003– 2004 Declaration are higher, or higher revised figures are entered below.

**Indemnity Period:**

12 Months

<b>Basis of Cover</b>	<b>Estimate * for 2004– 2005</b>	
Gross Profit – Sum Insured Basis	€	
Increased Cost of Working Cover	€	
Misc.	€	

Please remember to allow for inflation and growth when calculating your estimated Gross Profit for the coming year.

\* Please note at next renewal date – 2005 a Declaration of the actual Gross Profit will be required and the policy premium adjusted accordingly.

## MONEY & ASSULT SECTION

Is cover required under this section Yes / No

The Existing figure will apply from renewal date, unless a revised figure is entered.

	Existing	Revised	
1. Estimated Annual Carryings			
(a) By the Named Insured	€	€	
(b) By security companies	€	€	
2. Maximum amount of Money held in a safe when			
(i) Premises open	€	€	
(ii) Premises closed	€	€	

## ROAD RISKS SECTION

Existing Cover Comprehensive

Third Party Fire & Theft

Third Party Only

Please indicate if an alternative scope of cover is required

How many motor certificates are required? (Please insert no.)

### Trade Plates

Please advise the numbers of the trade plates held.

.....

### Details of Recovery Vehicles:

Make & Model	Registration	Estimated Value	Gross Vehicle Weight i.e. Laden Weight of Vehicle	Maximum number of vehicles carried



**DO YOU REQUIRE COVER FOR THE FOLLOWING VEHICLE CATAGORIES?**

- 1) YOUR OWN VEHICLES WITH A VALUE IN EXCESS OF €25,395  
YES \_\_\_\_ NO \_\_\_\_ LIMIT € \_\_\_\_\_
- 2) CUSTOMER VEHICLES WITH A VALUE IN EXCESS OF €50,790  
YES \_\_\_\_ NO \_\_\_\_ LIMIT € \_\_\_\_\_
- 3) VEHICLES WITH A DESIGNED GROSS VEHICLES WEIGHT IN EXCESS OF 5.0 TON GVW  
YES \_\_\_\_ NO \_\_\_\_ GVW \_\_\_\_\_
- 4) SPORTS or HIGH PERFORMANCE VEHICLES  
YES \_\_\_\_ NO \_\_\_\_
- 5) VINTAGE OR CLASSIC VEHICLES  
YES \_\_\_\_ NO \_\_\_\_
- 6) AMERICAN/CANADIAN VEHICLES  
YES \_\_\_\_ NO \_\_\_\_

**GENERAL QUESTIONS**

- 1. Has any person who may drive:
  - a) Ever been convicted or received notice of intended prosecution of any motoring offence ? Yes / No
  - b) Ever been disqualified from driving ? Yes/No
  - c) Ever suffered or are currently suffering from any physical or mental disability, infirmity or fits, diabetes or heart complaint? Yes / No
  - d) Had any accident, loss, fire or theft claim in the **last 5 years**, regardless of blame, relating to any vehicle owned or driven by you? Yes / No

If yes to any or all of (a),(b),(c) or (d), please provide details below:

You must notify any changes which affect the policy and have occurred since either renewal date or the inception of the policy (e.g. additional business activities such as importing/exporting, changes/alterations to the premises, changes to security measures including alarm systems, installation of a safe etc.)

Please use this space to disclose additional information if there is insufficient space to answer any questions on this declaration.

---

---

---

---

---

**IMPORTANT**

It is necessary for you to inform us of all the facts which are likely to influence us in the acceptance or assessment of your insurance. Failure to do so could invalidate this insurance. If you are in any doubt whether any fact may influence us you should disclose it.

**Please consult the Schedule in regard to the excess that is applicable under each section of the policy.**

**DECLARATION**

**WHICH MUST BE SIGNED BY A PARTNER OR DIRECTOR**

I/We declare that to the best of my/our knowledge or belief, the statements and particulars are true and complete and that no material facts that are likely to influence the acceptance and assessment of this proposal have been withheld (if you are in any doubt as to whether a fact is material you should disclose it)

I/We agree to inform the insurer of any change to any material fact.

I/We also declare that if any information on this renewal declaration form has been written by another person on my/our behalf, that person acted as my/our agent for that purpose.

I/We agree that this renewal declaration form shall form, in conjunction with the proposal form and any other declaration, the basis of the contract between me/us and St. Paul International Insurance Co. Ltd.

Signature of Policyholder: .....

Position Held:.....

For and on behalf of:.....

Date:.....

PLEASE RETAIN A COPY OF THIS COMPLETED RENEWAL DECLARATION FORM FOR YOUR RECORDS

ST.PAUL IRELAND IS A BUSINESS NAME OF ST. PAUL INTERNATIONAL INSURANCE COMPANY LIMITED  
CORPORATE AND REGISTERED OFFICE: THE ST.PUAL HOUSE, 27, CAMPERDOWN STREET, LONDON E1  
8DS REGISTERED AS A BRANCH IN DUBLIN, IRELAND: 903382  
ULTIMATE HOLDING COMPANY: THE ST. PAUL COMPANIES INCL, MINNESOTA, USA.