### Willis Towers Watson IIIIIIII

# Asgard

#### **Bus & Coach Proposal Form**

Accuracy	0	Hanashi	Marnina
Accuracy	X.	Honesty	warning

You must answer all questions accurately and honestly. If you have made any misrepresentation AXA may have the right to repudiate liability, or limit the amount payable under any claim, or terminate the contract of insurance on giving you reasonable notice. As a result, you may also find it difficult to arrange this type of insurance in the future.

1. PROPOSER							
Full Name (including Trading Name)							
Postal Address:							
Address where vehicles usually							
garaged / stored:							
Business Description:					I		
UID No:			No. of Yea	rs Trading			
Cover to comence for 12 months from:							
Cover Required (tick as appropriate)		Comprehensive					
		Third Party Fire & T	neft				
		Third Party Only					
2. VEHICLE(S)		, ,					
A schedule of vehicles, trailers and spe • Make, Model & Body Type • CC, GVV	• •	•	•	•	• Estimated Valu	е	
Please complete Full Vehicle Details in	the Schedule	attached			Yes	No	
(a) Are the vehicles owned by you and regi	istered in your	name?					
(b) Where required, do you have an Opera	tors Licence fo	r your vehicles?					
(c) Do you own other vehicles that are not							
(d) Are any of the vehicles to be insured m	odified, adapte	d or fitted with any spe	cial apparatus?				
If answer is NO to question 1 or 2, or YES to question 3 or 4, please give details:-							
Please provide full details of any vehicles whose value exceeds €100,000							
What is approx total value of vehicles that will be kept at any one location at any one time?							
3. USE							
If yes, give details							
1. Please give approximate percentage	of use relating	to the following:					
Public Service Transport e.g sched	luled services	0%	School Contracts	0%	Other	0%	
Events / Sightseeing/ Hop	on/off Tours	0%	Private Hire	0%		0%	
					YES	NO	
2. Do you carry professional sports people	or entertainers	?					
3. Will you services or repair any vehicles i	not owned or le	ased by yourselves?					
4. Will any vehicle be used abroad?							
5. Will any of the vehicles be used airside		imity to any aircraft at	any time?				
6. Will any vehicle be used for Hire & Rewards?							
7. Will any vehicle be hired out to other ope	erators?						
If answer is YES to question 2-7, please give details:-							

4. DRIVER(S)		
Will any of the vehicles be driven by any person who:	Yes	No
1. Is under the age of 25 or over 70 years of age ?		
2. Has less than 12 month's continuous driving experience under a licence applicable to the vehicle being driven ?		
3. Have you or any person who, to your knowledge, will drive;		
(a) In the last ten years;	Yes	No
Had a proposal for motor insurance refused		
2. Had a policy of insurance cancelled by an Insurer (excluding cancellation due to non payment of		
premium)		
3. Had any special terms/conditions/restrictions imposed on a policy or been asked to pay an increased		
premium by an Insurer		
4. Had an insurance claim declined/refused by an Insurer		
5. Had an insurance company refused to offer renewal terms		
(b) In the last five years;		
1. Had any claims, accidents, losses or had a claim declined whether insured or not?		
(c) In the last ten years;		
1. been convicted of or fined for any motoring offence except parking tickets?		
2. had any prosecution pending for any motoring offence?		
3. been disqualified from driving or obtaining a licence?		
3. Had any special terms/conditions/restrictions imposed on a policy or been asked to pay an increased		
premium by an Insurer		
4. had a licence endorsed, or required to be endorsed?		
(d) Have any health or fitness condition or use any medications or drugs that must be notified on a driving		
licence application?		
If YES to any of above, provide details below:		
5. LIABILITIES	Yes	No
<ul> <li>5. LIABILITIES</li> <li>1. Do you require Public Liability (Limit of Indemnity €6.5M any one claim)</li> </ul>	Yes	No
	Yes	No
<ol> <li>Do you require Public Liability (Limit of Indemnity €6.5M any one claim)</li> <li>Do you require Employers Liability (Limit of Indemnity €13M any one claim)</li> </ol>	Yes	No
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If YES to any of above,	If YES to any of above, provide details below:							
7. DECLARATION								
	ne information I have provided in this Proposal Form is I t. If I am in any doubt about any aspect of this Proposal ask.							
PROPOSER'S SIGNATURE:		PRINT NAME:						
POSITION:		DATE:						
NOTE: NO COVER ATT	ACHES UNTIL THE COMPANY HAS ACCEPTED TH	IS PROPOSAL.						
You should keep copies	of all correspondence in connection with this insurance.	. A copy of this proposal	is available on request.					
DATA PROTECTION NO	OTICE							
AXA's Data Protection Statement contains all the information you need to understand how we use your data. Please go to axa.ie and click the link "Data Protection" or request a copy from your Broker.								

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Asgard

# WillisTowersWatson I.I'I'I.I

#### **Bus & Coach Proposal Form**

INSURED NAME: INSERT HERE

	FULL VEHICLE DETAILS SCHEDULE									
NO	YEAR	REG	VEHICLE MAKE	VEHICLE MODEL	SEAT NO.	VALUE	COVER			
1										
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INSURED NAME: INSERT HERE

FULL VEHICLE DETAILS SCHEDULE									
NO	YEAR	REG	VEHICLE MAKE	VEHICLE MODEL	SEAT NO.	VALUE	COVER		
31									
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INSURED NAME: INSERT HERE

			FULL VEHICLE DETAILS SCHEDULE								
NO	YEAR	REG	VEHICLE MAKE	VEHICLE MODEL	SEAT NO.	VALUE	COVER				
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## Willis Towers Watson III'IIII

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# **Bus & Coach Proposal Form**

INSURED NAME: INSERT HERE PLEASE

	DRIVER DETAILS SCHEDULE										
NO	Name	Date of Birth	Occupation (Incl Part- Time)	Licence Type (Irish Full or Provisional)	Date Test Passed	Permitted Class of Licence	Is this Person Main Driver (Yes or No)	Details of any Claims/Convictions/Additional Details			
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