

BUS & COACH RENEWAL FACT FIND

ACCURACY & HONESTY

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'S DETAILS

Full Name (including Trading Title): _____

Business Description: _____

RTOL Licence No: _____ **UID No.:** _____

1 What is the approximate maximum total value of vehicles that will be kept at any one location at any one time? € _____ -

2 Do you hold any other motor insurance policy in respect of this risk? Yes _____ No _____

2. USE

1 Please give approximate percentage of use relating to the following: (please tick as appropriate)

• Public Service Transport e.g. Scheduled Services	_____ %	• Private Coach Hire	_____ %
• School Contracts	_____ %	• Other	_____ %
• Events / Sightseeing Hop On / Off Tours	_____ %		

2 Will any vehicle be used abroad? Yes _____ No _____
 If the answer is YES to question 2 then please provide details (please attach a blank page if insufficient space):

3. VEHICLES

1 Are all vehicles owned by you and registered in your name? Yes _____ No _____

2 Are any vehicles to be included on the Fleet personally owned by company directors'? Yes _____ No _____

If Yes, please provide details:

4. DRIVERS will any of the vehicles be driven by any person who: (please tick as appropriate)

- 1) Is under the age of 25 or over the age of 70? Yes _____ No _____
- 2) Has less than 12 month's continuous driving experience under a licence applicable to the vehicle being driven? Yes _____ No _____
- 3. Have you or any person who, to your knowledge, will drive;
 - (a) In the last ten years;
 - 1. Had a proposal for motor insurance refused Yes _____ No _____
 - 2. Had a policy of insurance cancelled by an Insurer (excluding cancellation due to non payment of premium) Yes _____ No _____
 - 3. Had any special terms/conditions/restrictions imposed on a policy or been asked to pay an increased premium by an Insurer Yes _____ No _____
 - 4. Had an insurance claim declined/refused by an Insurer Yes _____ No _____
 - 5. Had an insurance company refused to offer renewal terms Yes _____ No _____
 - (b) In the last five years;
 - 1. Had any claims, accidents, losses or had a claim declined whether insured or not? Yes _____ No _____
 - (c) In the last ten years;
 - 1. been convicted of or fined for any motoring offence except parking tickets? Yes _____ No _____
 - 2. had any prosecution pending for any motoring offence? Yes _____ No _____
 - 3. been disqualified from driving or obtaining a licence? Yes _____ No _____
 - 3. Had any special terms/conditions/restrictions imposed on a policy or been asked to pay an increased premium by an Insurer Yes _____ No _____
 - 4. had a licence endorsed, or required to be endorsed? Yes _____ No _____
 - (d) Have any health or fitness condition or use any medications or drugs that must be notified on a driving licence application? Yes _____ No _____
 - (e) Do you check drivers licences annually? Yes _____ No _____

If the answer is YES to any of the above questions then please provide details if you wish such persons to be considered by the Under writers (please attach a blank page if insufficient space):

5. LIABILITIES (please tick as appropriate) Note cover will be confirmed based on the answers to all questions below :

- 1) Do you require Public Liability (Limit of Indemnity €6,500,000 any one claim) Yes _____ No _____
- 2) Do you require Employers Liability (Limit of Indemnity €13,000,000 any one claim) Yes _____ No _____
- 1) Do you operate from a premises e.g. Yard, office, garage? Yes _____ No _____
- If so, please give details including type, any other tenants, what business is carried on?

- 2.) Do you carry out any repair / service on vehicles? Yes _____ No _____
- If so, please give details of what exactly you do?

- 3.) Do you carry out repair/ servicing to your own vehicles only? Yes _____ No _____
- 4) Do you carry out repair / servicing to Third Party vehicles? Yes _____ No _____
- 5.) Do you have any other policies in place to cover any of the above? Yes _____ No _____

If the answer is Yes to any of the above questions please provide additional information in box below if required:

DECLARATION

I understand that all of the information I have provided in this Renewal Fact Find document is legally binding as a representation made by me to AXA prior to entering into the contract. If I am in any doubt about any aspect of this Proposal Form, or of any alteration or change in circumstance that may arise in the future, I will ask.

Signature:

Date:

Position:

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