

COMMERCIAL PROPERTY DAMAGE - ADDITIONAL QUESTIONNAIRE *(continued)*

2. State how the premises are heated:

3. Is there an intruder alarm at the premises and is it maintained by a company on the NACOSS list of approved installers?

YES

NO

What is the method of signalling?

Please supply a copy of the specification.

4. Are your plant, machinery, tools and appliances maintained in good repair and properly fenced and guarded?

YES

NO

5. Give details of all mechanically propelled vehicles or machines owned (other than those licensed for road use or for which a certificate or motor insurance is required or which must be insured by a separate policy)

6. Give details of activities of work undertaken away from your premises

7. State how long you have been in business

a) at these premises

b) elsewhere

8. Do you keep a record of purchases and sales and are your books audited regularly by professional accountants?

YES

NO

EQUESTRIAN PROPERTY

ITEM

IS THEFT COVER REQUIRED (ITEMS 1-4 ONLY)

SUM INSURED

1. Hay and straw

YES

NO

£

2. All other stock

YES

NO

£

3. Machinery, plant and other contents

YES

NO

£

4. Jumps, judges' boxes etc.

YES

NO

£

5. Office equipment

YES

NO

£

6. Tenants' improvements and decorations

YES

NO

£

7. Boundary walls, fences, gates and hedges

YES

NO

£

DESCRIBE BELOW BUILDINGS TO BE INSURED

Cover may be restricted due to the area, construction or security of individual buildings.

Type/Use	Construction	Age	Sum Insured

(Type/Use examples: Stables, Barns, Feed Rooms, Indoor Schools etc)

BUSINESS INTERRUPTION

1. Annual Income

£

2. State Indemnity period required if more than 12 months

MONEY

Please confirm

1. Estimated annual amount paid into and drawn from bank including uncrossed cheques, postal and money orders, postage and savings stamps and certificates and amount handled in form of luncheon vouchers. **NB: crossed cheques should not be included.**

£

2. Amount to be insured in transit or on the premises during work hours (this would represent the maximum amount at risk at any one time).

£

3. Give details of safes in business premises:

Maker's Name and Model

Max. amount kept therein
out of working hours

£

ALL RISKS

ITEM

SUM INSURED

Premises Only

Elsewhere

1. Saddlery & Tack, Rugs, Clippers. All items to be used directly on a horse

£

£

Please specify any single items with a value of £500 or more (do not include the above total):

2. Office Equipment

£

£

3. Trailers

£

£

4. Quad Bikes (please list manufacturers name and model and state the value of any electronic equipment, including computers)

£

£

LIVESTOCK

1. Is the Livestock to be insured sound, healthy and free from defects?

YES

NO

If NO, please provide details:

2. Please state maximum value of all livestock owned by you for which you are responsible:

Horses

Other animal, please specify:

3. Do you require cover for:

a) Fire, Lightning, Aircraft, Explosion, Electrocution, Riot, and Malicious Damage?

YES

NO

b) Theft, Fatal Injury and Transit?

YES

NO

GENERAL QUESTIONS

1. Please provide details of previous insurers (if applicable)

2. Have you, or any partners or directors, had any insurance proposal cancelled, withdrawn, declined or made subject to special terms?

YES

NO

If YES, please give details

3. Have you or any partners or directors, been involved in any other business in the past 5 years?

YES

NO

If YES, please give details

4. Have you, or any partners or directors, been convicted of or charged with (but not yet tried) a criminal offence other than a motoring offence?

YES

NO

If YES, please give details

5. Give details of all losses suffered or claims made by or against you in the last 5 years for all covers proposed i.e. date of occurrence, brief details of each incident, cost estimate (whether an insurance claim was made or not). If none, state 'NONE'.

6. Are you a member of the British Horse Society?

YES

NO

7. Are you BHS approved?

YES

NO

IMPORTANT - PLEASE CHECK YOUR PROPOSAL CAREFULLY BEFORE SIGNING THE DECLARATION BELOW. THIS IS ESPECIALLY IMPORTANT IF THE PROPOSAL IS NOT COMPLETED IN YOUR OWN HAND.

DECLARATION

I/WE DECLARE THAT THE ABOVE ANSWERS ARE TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF AND THAT ALL MATERIAL FACTS WHICH MAY AFFECT THE ASSESSMENT OF THE RISK HAVE BEEN DISCLOSED. I/WE AGREE THAT THIS PROPOSAL IS FOR INSURANCE IN THE STANDARD TERMS AND CONDITIONS OF THE INSURER'S POLICY AND WILL BE THE BASIS OF THE CONTRACT.

Signature

Name

Position

Date

IMPORTANT - Material facts are those which are likely to influence the acceptance or assessment of this proposal. If you are in any doubt as to whether a fact is material, you should disclose it as failure to do so could invalidate your policy.

