

## SECTION 1: Public Liability (continued)

12. What is the minimum age of acceptance for pupils/children?   
Cover shall not be provided to children/pupils under the age of 4 years.
13. Are novice riders permitted to ride any animal under 6 years old? YES  NO   
If YES, please give details
14. Are animals under 4 years of age used for riding instructions? YES  NO   
If YES, please give details
15. Are any of your animals vicious, or have they ever, to your knowledge, bitten or kicked anyone or had the tendency to bolt? YES  NO

## SECTION 2: Employers Liability

1. Please show the estimated wage expenditure for the forthcoming 12 months, as follows (if nil please state):
- |   | Number               | Wages                  |
|---|----------------------|------------------------|
| A. Total wages for full and part time employees, both manual and clerical | <input type="text"/> | £ <input type="text"/> |
| B. Number of students/trainees/volunteers                                 | <input type="text"/> |                        |

## SECTION 3: Care, Custody and Control Liability

- Liability insurance for horses that are the property of others and are in the care, custody and control of the proposer.
1. Please tick the limit of indemnity required:
- £10,000 any one animal, £100,000 in the policy period
- £25,000 any one animal, £100,000 in the policy period
- £50,000 any one animal, £100,000 in the policy period
2. Please state the number of horses in your care and not owned by you?

**IMPORTANT - PLEASE CHECK YOUR PROPOSAL CAREFULLY AND THEN SIGN THE DECLARATION BELOW. THIS IS ESPECIALLY IMPORTANT IF THE PROPOSAL HAS NOT BEEN COMPLETED IN YOUR OWN HANDWRITING.**

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

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**IMPORTANT** - Material facts are those which are likely to influence the acceptance or assessment of this proposal. If you are in any doubt about what is material fact then you should disclose it as failure to do so could invalidate your policy.  
**Please do not forget to send in local Authority Licence if you are a riding school.**



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**SOUTH ESSEX  
INSURANCE BROKERS**

# EQUESTRIAN LIABILITY INSURANCE PROPOSAL FORM

FOR COMMERCIAL ESTABLISHMENTS AND PRIVATE YARDS

**IMPORTANT NOTICE:** You are under a duty to disclose to the Insurers all facts likely to influence the acceptance and assessment of your proposal. Failure to do so may prejudice the settlement of any claim. Please mention such facts or if you are in any doubt refer to your insurance adviser or us. If a complete answer to any question requires more space than this form provides please use an additional sheet of paper and attach it to this.

**PLEASE complete all questions in ink using BLOCK CAPITALS and ensure you read and sign the declaration on page 3. Thank You.**

Proposer's Full Name

Business Description

Correspondence Address   
Postcode

Telephone Number  (Day)  (Evening)  
 (Mobile)

Business Address   
*if different from above* Postcode

E-mail Address

## GENERAL QUESTIONS

- How long have you been trading?
- What is your annual business turnover?  £
- Please provide name of current insurer policy number and the invited renewal premium.

Name of Insurer: <input type="text"/>	Policy Number: <input type="text"/>
Renewal Date:        /        /	Invited Renewal Premium: <input type="text"/>

- Has any insurer declined to insure or required special terms to insure you or any director or partner or refused to renew or continue any insurance now proposed? YES  NO

If YES, please give details

  


- Have you or any director or partner been declared bankrupt, been a director of any company which went into liquidation or been convicted of arson, fraud, forgery, theft robbery, or handling stolen goods or of any crime or violence associated with any of these or with an offence against property or been prosecuted under the Factories Act, The Health and Safety Act or The Consumer Protection Act? YES  NO

If YES, please give details

  


- Please give details of all losses suffered or claims made by or against you in the last five years for all covers proposed, date of occurrence, brief details of each incident and estimate of cost (whether an insurance claim was made or not). If NONE please state NONE.

Date	Amount	Details

## ABOUT YOUR BUSINESS

1. Full Description of Business: Please tick as many boxes that are applicable to your business.

- A.  Stud  
 B.  Riding School  
 C.  Racehorse Trainer  
 D.  Competition/Training Yard  
 E.  Livery Yard Only  
 F.  Livery Yard with Freelance Instructor/Trainer  
 G.  Private Yard  
 H.  Dealing/Breaking Yard  
 I.  Other (please specify)

2. Are you BHS approved? YES  NO  If YES, please state the Establishment Number

3. Are you ABRS approved? YES  NO  If YES, please state the Membership Number

4. Please give details of any other business premises

\_\_\_\_\_

\_\_\_\_\_

Postcode

### RISK MANAGEMENT INFORMATION – to be completed if your business includes any element of Riding Tuition, Hacking or Trekking.

5. Do you keep records of the following for all new riders:-

Their riding experience and ability? Yes  No

Any medical conditions that could be aggravated by riding or which the instructor/escort needs to be aware of? Yes  No

6. Do you ensure you have sufficient qualified first aid personnel available? Yes  No

7. Have you assessed and documented the suitability of horses in relation to the Abilities of riders (ie suitable for novices, intermediate and advanced)? Yes  No

8. Have documented risk assessments been prepared for the following?:-

General activities within the stable environment – manual handling of Hazardous substances? Yes  No

Working with or near horses? Yes  No

Different routes for hacks / treks? Yes  No

Have all staff at the premises been made aware of these risk assessment findings? Yes  No

9. Please indicate which of the following sections you require cover for:

- Section 1: Public Liability     Section 2: Employers Liability     Section 3: Care, Custody and Control

## SECTION 1: Public Liability

Please note that Riding Schools must hold a licence by the local authority under the terms of the riding establishment Acts 1970 and a copy must be sent to enable insurance cover to remain in force

1. Do you hold a licence? Yes  No

2. Please indicate the limit of indemnity required. £2 million  £5 million

3. Please state the estimated number of horses per annum in the following categories:

Tuition horses including working liveries  Privately owned horses for proposers own use

Livery, stud horses  Race horses  Other Animals

4. Please state the number of shows held on the premises and open to the public.

Details of shows held

\_\_\_\_\_

\_\_\_\_\_

