

South Essex Insurance Brokers Ltd
EQUESTRIAN LIABILITY INSURANCE PROPOSAL FORM
FOR FREELANCE INSTRUCTORS

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 AND ENSURE YOU READ AND SIGN THE DECLARATION. Thank you.

Proposer's Full Name:	.....
Postal Address:	..... ..... .....
Post Code:	.....
Day time Tel No:	.....
Mobile No:	.....
Email Address:	.....
Full Description of Business:	..... ..... .....

PUBLIC LIABILITY FOR FREELANCE INSTRUCTORS

- | | |
|--|----------------|
| 1. Do you teach using your own horse? (If yes you require a Riding School Licence): | YES/ NO |
| 2. Limit of Indemnity Required (£1, £2 or £3 Million): | £ |
| 3. Give details of Qualifications and/or years experience: | ..... ..... |
..... |
| 4. What is the minimum age of acceptance for pupils/children? | ..... |
| 5. Approximately how many hours are you teaching in a working week? | ..... |
| 6. Do you teach on your own premises? (If yes then this form is not suitable) | YES/ NO |
| 7. Are you involved in any 'other' activities, i.e. clipping, schooling other people's horses etc. | YES/ NO |
| If YES please give details | |
| | |
| | |
| 8. Do you require Care Custody and Control Cover (this is recommended if any of the above 'other' activities are carried out)? | YES/ NO |

9. Do you carry out any Alternative Therapy Methods i.e. Natural Horsemanship, Parelli, Equine Facilitated Learning etc YES/ NO
 If YES please give details

10. Do you have any one who helps you or works for you in relation to this business? YES/ NO
 If YES please give numbers

GENERAL QUESTIONS

1. How long have you been trading?

2. Please provide details of previous Insurers, (if applicable)

3. Has any Insurer declined or required special terms to insure you or any director or partner refused to renew or continue any type now proposed? If yes, please give details YES/NO

4. 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 or any crime of violent associated with any of these or with any offence against property or been prosecuted under the Factories Act, The Health and Safety Act or The Consumer Protection Act? If yes, please give details YES/NO

5. Give details of all losses suffered or claims made by or against you in the last five 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 please state NONE**

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

Date Date cover required from

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.