



SOUTH ESSEX INSURANCE BROKERS LTD.

PROPOSAL FORM FOR RIDING CLUBS

Non disclosure warning: please note that 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 the Insurer. If a complete answer to a question requires more space than this form provides please use a supplementary sheet of paper and attach it to this form.

Proposer's Full Name:
Name of Riding Club:
Postal Address:
Post Code:
Tel No:
Are you BHS Affiliated?	YES / NO – delete as applicable
Address of main showground:
Details of any other premises should also be provided:	

SECTIONS REQUIRED. Please tick sections required.	
<input type="checkbox"/>	Employers Liability
<input type="checkbox"/>	Public Liability

Date Cover Required From:
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RIDING CLUB LIABILITY INSURANCE

1. Please indicate total number of Members _____
2. Type of events carried out _____
3. Approximate number of events per year _____
4. Limit of indemnity required £1,000,000 / £2,000,000 / £3,000,000
5. Estimate number of spectators _____
6. Number of Employees _____ Wage roll £ _____
7. Number of Volunteers _____
8. Will catering be carried out by outside contractors YES / NO
9. Will horse/pony rides be provided for members of the public YES / NO
10. Are you at present or have you ever previously proposed for:-

Public Liability Insurance? YES / NO

If yes, please state name of Insurer _____
- 11.. Renewal date and renewal premium offered _____
12. Please give details of non-equestrian activities: (for example Bouncy Castle, BBQ etc)

GENERAL QUESTIONS

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

- 2. Has any insurer decline or required special terms to insure you or any director partner refused to renew or continue any type now proposed. YES / NO

If yes, please give details

- 3. 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 violence associated with any of these or with any offence against property or been prosecuted under the Factories Act (1961), The Health and Safety Act (1974) or The Consumer Protection Act (1987)? YES / NO
If yes, please give details.

- 4. 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, 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 FOR THE INSURER'S POLICY AND WILL BE THE BASIS OF THE CONTRACT.

Signature..... Name.....

Date Position

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.