



# Equine Commercial Combined Insurance Proposal Form

## FOR COMMERCIAL ESTABLISHMENTS & 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 6. Thank You.**

Proposer's Full Name \_\_\_\_\_

Business Description \_\_\_\_\_

Correspondence Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Business Address if different from above \_\_\_\_\_

E-mail Address \_\_\_\_\_

### GENERAL QUESTIONS

1. How long have you been trading? \_\_\_\_\_

2. What is your annual business turnover? £ \_\_\_\_\_

3. Please provide name of current insurer policy number and the invited renewal premium.

Name of Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

Invited Renewal Premium: \_\_\_\_\_

4. Has any insurer declined to insure or imposed 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 \_\_\_\_\_

5. Have you or any director or partner been declared bankrupt, been a director of any company which went into liquidation or been charged with or convicted of any criminal offence or been prosecuted under the Factories Act, The Health & Safety Act or The Consumer Protection Act? Yes  No

If YES, please give details \_\_\_\_\_

6. 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

7. Are your electrical installations checked and maintained with current IEE Wiring Regulations? Yes  No

8. Do you own or lease the premises? Own  Lease   
If Leasing, is this on a full repairing basis? Yes  No

9. Are all buildings in a good state of repair? Yes  No

10. Are all buildings regularly maintained? Yes  No

11. Do you have an active Health & Safety policy? Yes  No

12. Do you carry out risk assessments and view these regularly? Yes  No

## 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. Are you TRSS approved?                      Yes                       No                       If YES, please state the Membership Number \_\_\_\_\_  
5. Please give details of any other business premises \_\_\_\_\_

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

6. 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?                      Yes                       No
7. Do you ensure you have sufficient qualified first aid personnel available?                      Yes                       No
8. 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
9. 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

## SECTION 1: Material Damage

Do you require this cover?

YES

No

**Property to be insured Note: If any of the sums insured apply to more than one premises, please give the appropriate split on a separate sheet**

Item	Sum Insured
1 Hay and straw	£ <input type="text"/>
2 All other stock	£ <input type="text"/>
3 Machinery, plant and other contents	£ <input type="text"/>
4 Jumps, judges boxes etc.	£ <input type="text"/>
5 Office equipment	£ <input type="text"/>
6 Tenants improvements and decorations	£ <input type="text"/>
7 Boundary walls, fences, gates and hedges	£ <input type="text"/>

### Detail all buildings to be insured

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

Type / Use*	Construction	Securities	Age	Sum Insured

\* Type/Use examples: Stables, Barns, Feed Rooms, Indoor Schools etc. Please provide full description of construction.

## SECTION 1: Material Damage continued....

### 2 In respect of all intruder alarms installed at the premises please specify which buildings each relate to

a Name of Alarm Company \_\_\_\_\_

b Is it maintained by the Alarm Company under contract

Yes

No

c Method of signalling eg. Redcare, Redcare GSM, Paknet \_\_\_\_\_

d Has police response been withdrawn or the level of response reduced or delayed

Yes

No

If 'yes' please give details

### 3 Are the premises:

a heated by gas (but not liquefied petroleum gas) electricity or oil fired central heating

Yes

No

b in a good state of repair with all machinery properly fenced or guarded and in good order

Yes

No

c solely occupied by you

Yes

No

If you have answered 'no' to any of the above, please provide full details below

### 4 Are the premises especially exposed to damage by storm?

Yes

No

### 5 If you require Subsidence, Ground-Heave and Landslip cover on the Buildings, please state whether:

a the premises have suffered or are showing signs of damage

Yes

No

b the properties either side of you have suffered or are now showing signs of damage

Yes

No

c to your knowledge the vicinity is susceptible to such damage

Yes

No

d the premises are in the immediate vicinity of any river bank, railway embankment or cutting cliff or quarry, mine or underground working or on made up ground

Yes

No

e there are any trees or shrubs over 20ft in height within 30ft of the premises

Yes

No

If 'yes' to any of the above, please give full details

## SECTION 2: Business Interruption Do you require this cover?

YES

No

1 Estimated turnover in past 12 months

£

2 Cost of consumables in past 12 months

£

3 Sub Total (No. 1 less No. 2)

£

4 State indemnity period required

£

5 Calculate total turnover

£

Multiply Sub Total by indemnity period to calculate total turnover  
(E.g. Multiply turnover by 1 for 12 months, by 2 for 24 months)

6 Loss of rent receivable

£

**SECTION 3: Loss of Business Money Do you require this cover?**

YES

No

1 The standard limits which apply are noted below. \*Those limits marked can be increased for an extra charge subject to the adequacy of the safe and security arrangements. If the standard limits are not sufficient please indicate the amount required.

Estimated Annual Carryingings  £ (must be completed & checked YES to money)

	Standard Limit	Amount Required
Non – negotiable money	£250,000	
<b>Negotiable money:</b> In transit	£2,000*	£
In a bank night safe	£2,000*	£
In the premises <b>during</b> business hours	£500*	£
In the premises <b>out of</b> business hours: In locked safe	£2000*	£
In the premises <b>out of</b> business hours: In private dwellings	£250	

**SECTION 4: All risks on specified machinery/apparatus Do you require this cover**

YES

No

Item (List manufacturer, model and chassis number on areas 3-5)	Sum Insured: Premises Only	Sum Insured: 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)

<input type="text"/>		
2. Office Equipment	£	£
3. Horse Trailers & Horse Drawn Vehicles		
1.	£	£
2.	£	£
3.	£	£
4.	£	£
4. Quad Bikes		
1.	£	£
2.	£	£
3.	£	£
4.	£	£
5. Tractors		
1.	£	£
2.	£	£
3.	£	£
4.	£	£

**SECTION 5: Employers Liability**

**Do you require this cover?**

YES

No

- A. Number of employees carrying out clerical duties Full Time  \*Part Time
- B. Number of employees carrying out manual duties Full Time  \*Part Time
- C. Number of stallion men  \*Part time = up to 24 hours per week
- D. Number of students/work experience staff/Volunteers that are employed for over 14 days per annum
- Maximum number of days any such person is employed per annum

**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. £1million  £2 million  £5 million

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

(Riding Schools are recommended to carry at least £2,000,000 limit of indemnity, please clarify this with your local licencing authority).

Tuition horses including working liveries  Privately owned horses for proposers own use   
 Livery, stud horses  Race horses  Other Animals

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

Details of shows held \_\_\_\_\_

4b. Please state the maximum number of people attending any one show.

5. Is accommodation provided for students/employees/riding holiday guests? Yes  No

If YES, how many are catered for? \_\_\_\_\_

6. Do you hire out any facilities such as Arena/Paddock? Yes  No

If YES, please give details \_\_\_\_\_

7. **PONY CLUB** Do you organise/operate pony or saddle clubs? Yes  No

Number of members \_\_\_\_\_

List of activities undertaken \_\_\_\_\_

Minimum age \_\_\_\_\_

No. of staff supervising \_\_\_\_\_

8. Do you or any named proposer teach on any premises owned or occupied by you? Yes  No

If YES, please state the number of instructors

9. Do you arrange Pony Camps? Yes  No

If YES, No. of students catered for  Max. No. of nights  Maximum number of camps per year

10. Hacking and Trekking

a Do you operate hacks / treks off the road? Yes  No

b Do you operate hacks / treks on the road? Yes  No

c What is the maximum total no of hacks / treks per week?

d Are all hacks / treks accompanied? (if not please advise split) Yes  No

e What is the maximum number of riders on any hack / trek?

f What is the ratio of instructors to riders on hacks / treks? (eg 1 to 4)

11. Do all persons engaged in giving riding instructions or leading and accompanying hacks / treks hold a suitable BHS or ABRs qualification or similar standard/experience? Yes  No

12. Please detail below the qualifications and /or experience of all persons engaged in riding/hacking or trekking instruction/accompaniment

Name	Age	Years Experience	Qualifications

## SECTION 6: Public Liability contined...

13. What is the minimum age of acceptance for pupils/children?

Cover shall not be provided to children/pupils under the age of 4 years.

14. Are novice riders permitted to ride any animal under 6 years old?

Yes  No

If YES, please give details

15. Are animals under 4 years of age used for riding instructions?

Yes  No

If YES, please give details

16. 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

If YES, please give details

## SECTION 6 Extension: Property Owners Liability

Do you require this cover? YES  No

Size of property

0-5 Acres

5-10 Acres

10+ Acres

Limit of Indemnity (if main public liability limit requested must be same level)

£2,000,000

£5,000,000

## SECTION 6 Extension: Care Custody & Control

Do you require this cover? YES  No

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, £50,000 in the policy period

£25,000 any one animal, £50,000 in the policy period

£50,000 any one animal, £50,000 in the policy period

2. Please state the number of horses in your care and not owned by you?

## SECTION 7: Legal Expenses

Do you require this cover? YES  No

Please confirm your turnover banding

1. Up to £500,000

2. £500,001 - £1,000,000

## 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 THE 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.

Signature

Name

Position

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 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.**



South Essex Insurance Brokers Ltd, South Essex House, North Road, South Ockendon, Essex RM15 5BE  
E-Mail: [enquiries@seib.co.uk](mailto:enquiries@seib.co.uk) Website: [www.seib.co.uk](http://www.seib.co.uk)

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