

**Equine Commercial Combined  
Insurance Proposal Form  
FOR COMMERCIAL ESTABLISHMENTS & PRIVATE YARDS**



**IMPORTANT NOTICE:** Where we arrange insurance wholly or mainly for purposes related to your trade, business or profession, you have a duty under The Insurance Act 2015 to make a fair representation of the risk. This means that you must disclose every material circumstance which you and/or your senior management and/or anyone responsible for arranging your insurance know or ought to know. Alternatively, you must disclose sufficient information which would put the insurer on notice that it needs to make further enquiries for the purpose of revealing those material circumstances. You are expected to carry out a reasonable search in order to make a fair representation of the risk and will be deemed to know what should reasonably have been revealed by the search. If any of the questions in this proposal form have been pre-filled please check they are correct and amend where necessary. Your duty of fair representation applies at the start of the policy, at renewal and when any variation of the policy is arranged. If you fail to make a fair representation, the insurer may refuse to pay your claim or reduce the settlement amount, depending on the circumstances.

Please complete all questions in ink using block capitals and ensure you read and sign the declaration on the last page. Thank you.

Proposers Full Name \_\_\_\_\_

Proposers Date of Birth \_\_\_\_\_

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

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

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

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

Trading Name \_\_\_\_\_

Subsidiary Company \_\_\_\_\_

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

Website \_\_\_\_\_

Preferred method of communication Telephone / Email

Preferred method of us sending documents Email/ Post/ Fax

**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. Have you or any principal, director or partner:	Delete as applicable
a. Had insurance declined?	YES / NO
b. Had special insurance terms applied?	YES / NO
c. Had insurance cancelled by the insurer?	YES / NO
d. Been declared bankrupt, had a company go into liquidation, become insolvent or made arrangements with creditors?	YES / NO
e. Been disqualified under the Company Directors Disqualification Act 1986?	YES / NO
f. Been convicted of, prosecuted for or have any prosecutions pending for any criminal offence (other than motoring convictions)?	YES / NO
g. Been prosecuted or have any prosecutions pending under the Health and Safety at Work Act or any other statute or regulation?	YES / NO
h. Had any claims made by you?	YES / NO
i. Had any claims made against you?	YES / NO
j. Suffered any incident that could give rise to a claim (whether an insurance claim was made or not)?	YES / NO
<b>IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE PLEASE PROVIDE FULL DETAILS INCLUDING DATES AND THE CIRCUMSTANCES</b>	

5. Are your electrical installations checked and maintained within current Wiring Regulations?	YES/NO
6. Do you own or lease the premises?	OWN/LEASE
If leasing, is it on a full repairing basis?	YES/NO/NA
7. Are all buildings in a good state of repair?	YES/NO
8. Are all buildings regularly maintained?	YES/NO
9. Do any other businesses (apart from the business being proposed) operate from the premises? If YES please give details of the types of business and the insurer and policy no:	YES/NO

### ABOUT YOUR BUSINESS

10. Full Description of Business: Please circle as many options 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 | i. Other (please specify)                        |

11. Are you BHS approved?      Yes    No      If YES, please state the Establishment Number      \_\_\_\_\_

12. Are you ABRS approved?      Yes    No      If YES, please state the Membership Number      \_\_\_\_\_

13. Are you TRSS approved?      Yes    No      If YES, please state the Membership Number      \_\_\_\_\_

14. Are you WTRA?      Yes    No

15. Are you Pony Club Affiliated?      Yes    No

16. Do all who accompany hacks/treks have equestrian tourism qualifications?      Yes    No

17. Are you approved by any other recognised associations?      Yes    No      If YES, please give details \_\_\_\_\_

<b>RISK MANAGEMENT INFORMATION</b>	
Do you have an active health and safety policy?	YES/NO
Do you carry out risk assessments and view these regularly?	YES/NO
Are all dogs kept under control within the property?	YES/NO
Are there any public rights of way on your land?	YES/NO
Is any of your land in a 'Right to Roam' area?	YES/NO
Have all public hazards been identified, guarded and warning signs displayed e.g. ponds, slurry stores, old workings etc.?	YES/NO
Have you taken steps to minimise the risk to the public from livestock/ horses on your premises?	YES/NO
Do you use unfenced common or moor land for grazing of livestock/ horses?	YES/NO
Are all boundary walls, fences, hedges and gates secure and regularly maintained?	YES/NO
Have you identified any asbestos within your premises? If 'YES' has an asbestos survey been carried out?	YES/NO YES/NO/NA
Are Manure stores adequately fenced?	YES/NO/Do not have manure stores

<b>Have documented risk assessments been prepared for the following:</b>	
General Activities within the stable environment?	YES/NO
Working with or near horses?	YES/NO
The different routes used for hacks/treks?	YES/NO
Have all people at the premises been made aware of these risk assessments?	YES/NO

<b>To be completed if you have any employees:</b>	
Is your active health and safety policy recorded, signed, dated and communicated to new and existing employees?	YES/NO
Do you have induction and training programme for all employees?	YES/NO
If 'YES' is each employee's program recorded and signed by each employee to confirm they have received the training?	YES/NO

<b>To be completed if your business includes any element of Riding Tuition, Hacking or Trekking - Do you keep records of the following?</b>	
Are Rider Registration Forms completed for each and every client and are these regularly re assessed? (e.g. When rider reaches next level)	YES/NO
Do you take details and keep records of medical conditions that could be aggravated by riding, or which the instructor escort needs to be aware?	YES/NO
Do you have sufficient number of qualified first aid personnel?	YES/NO
Do you assess, document and review the suitability of your horses in relation to the abilities of riders i.e. good for Novices etc.?	YES/NO
Do you assess, document and review the suitability and abilities of your Instructors/ Escorts?	YES/NO

# EQUESTRIAN PROPERTY – OUTBUILDINGS (MATERIAL DAMAGE)

PropertyName/  
Number

Post Code

**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**

**Detail all buildings to be insured**

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

WE CANNOT GIVE ADVICE ONWHAT VALUE YOU SHOULD INSURE YOUR BUILDINGS FOR, PLEASE CONTACT A PROFESSIONAL (I.E. BUILDER OR SURVEYOR) TO GET ADVICE. THE VALUE OF THE BUILDING(S) SHOULD INCLUDE THE COST OF REMOVAL OF DEBRIS, ARCHITECTS, SURVEYORS, CONSULTING AND LEGAL FEES ETC THAT COULD BE INVOLVED IN THE COSTS SHOULD THE BUILDING(S) NEED TO BE REBUILT. UNDER INSURANCE OR WHERE THE SUM INSURED IS INADEQUATE COULD RESULT IN THE INSURER REDUCING THE AMOUNT THEY PAY OUT.

Construction	Age	Type	Rebuild Sum Insured
Standard Construction			
Timber/Tin Construction			
All other construction			
Portacabins			
Static Mobile Homes			

\*Type/Use example: Stables, Barns, Feed Rooms, and Indoor School etc. Please provide full description of Construction. Please note Open sided Barns and Field shelters (that are permanent fixtures) can be covered but Storm, Tempest and Flood cover is excluded.

\*\* If the building is not of Standard Construction (Brick/Stone/Block/Fibre Cement) and over 10 years old then storm damage is automatically excluded- we will require photographic evidence if cover is required for this.

1. Tenants improvements and decorations	£				
2. Hay and straw kept in	<b>Standard Construction</b>	£	<b>Non Standard Construction</b>	£	<b>Outside</b> £
3. All other stock kept in	<b>Standard Construction</b>	£	<b>Non Standard Construction</b>	£	<b>Outside</b> £
4. Machinery, plant & other contents kept in	<b>A building</b>	£			<b>Outside</b> £
5. Jumps, judges boxes etc.		£			
6. Boundary walls, fences, gates and hedges (Max limit £10,000)		Yes/No			
7.* a. Livestock Material Damage		£			
b. Fatal Injury		Yes/No			

\*For horses up to a maximum value £5,000 any one animal and an overall aggregated limit of £50,000.

**a. Livestock Material Damage Insured Perils:** Fire, Lightning, Explosion, aircraft and other aerial devices or anything dropped from them, Earthquake, Subterranean fire, Accidental electrocution, Theft, Spontaneous fermentation, Worrying of livestock by dogs, foxes or vermin, Riot, civil commotion, labour and political disturbances, strikes and damage by malicious persons and impact with the property from any cause.

**b. Fatal Injury (Any accident that results in the death of the horse within 30 days of the date of the injury):** Any accident away from the premises, any accident whilst being loaded on conveyed by or unloaded from any motor vehicle or trailer.

	Sum Insured: Premises only	Sum Insured: Max Value taken off the premises at any one time
8. Office Equipment	£	£
9. Horse Trailers and Horse Drawn Vehicles* <i>*Please note if the Horse Trailer is not kept in a locked building a Hitch Lock or Wheel clamp MUST be used</i>	£	£
10. Saddlery and Tack (Including rugs, clippers etc) Please provide details of:  a) The Building and Roof Construction where the saddlery and tack is kept?  b) Does the Proprietor or any person live on site?  c) Type of Alarm (e.g. None, Bells only, Red Care with Level 1 response etc)  d) Any other security measures that are in place?	£	£
11. Quad Bikes/ Tractors a) Are the Quad Bikes/ Tractors kept in a locked Standard Construction Building when not in use?  <b>PLEASE NOTE ROADUSE/RTALIABILITIES ARE EXCLUDED</b>	£ YES/NO	£ YES/NO

12. Are the Premises heated by Gas (but not liquefied petroleum gas) electricity or oil fired central heating?	YES/NO
13. Are the premises in a good state of repair with all machinery properly fenced or guarded and in good order?	YES/NO
14. Are the premises solely occupied by you?	YES/NO
15. Are the premises especially exposed to damage by Storm?	YES/NO
16. Are the premises susceptible to flooding?	YES/NO
17. Do you have buildings maintenance programme in place for all premises you own or for which you are responsible?	YES/NO
18. Are drains and ditches kept clear to minimise the risk of flooding?	YES/NO
19. Do you have a maintenance programme in place that inspects overhanging branches, damage and disease?	YES/NO
20. Are you responsible for any rights of way?	YES/NO
21. It is a policy requirement that electrical wiring in all commercial properties is checked by a qualified electrician every 5 years:  Please confirm age of wiring?  Date last checked by qualified electrician?	YES/NO  YEARS
22. Is a 'No Smoking' policy enforced within the premises and stable areas?	YES/NO





# Public Liability

Do you require this cover?

YES

NO

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 be in force

1. Do you hold a licence? Have you ever been refused a licence?	YES/NO YES/NO
2. Please indicate the limit of indemnity required. (Riding Schools are recommended to carry at least £2,000,000 limit of indemnity, please clarify this with your local licensing authority.)	£1, £2, £3, £5, £10 million
3. Please state the estimated number of horses per annum in the following categories:	
a. Tuition horses including working liveries	
b. Privately owned horses for proposers own use	
c. Livery/Stud horses How many of these horses are DIY livery	
d. Race/Point to Point horses	
e. Other Animals (please state)	
4a. Please state the number of shows held on the premises: b. Are these shows open to the public? c. Details of shows held: (i.e. Show jumping, Dressage, XC) d. Please state the maximum number of people attending any one show.	YES/NO
5. Is accommodation provided for students/employees/riding holiday guests If Yes, how many are catered for?	YES/NO
6. Do you hire out any facilities such as Arena/Paddock/XC Course? If Yes, please give details:	YES/NO
7. Do you or any named proposer teach on any premises owned or occupied by you? If YES, please state the number of instructors cover is required for: and names: <b>(PLEASE NOTE IF YOU ARE NOT A RIDING SCHOOL THIS WILL NOT COVER YOU TO TEACH ON YOUR OWN HORSES)</b>	YES/NO

<b>8. Do you require cover for any of the following activities?</b>	
a. Dealing and/or Breaking (including horses for re training/ re homing or for sale)	YES/NO
b. Teaching/Shows on own XC course	YES/NO
c. Western Riding	YES/NO
d. Vaulting	YES/NO
e. Carriage Driving (Tuition/rides in enclosed arena only)	YES/NO
f. Carriage Driving (Tuition/rides/Weddings including on the roads)	YES/NO



g. Polocross	YES/NO
h. Horseball	YES/NO
i. Polo Tuition	YES/NO
j. Horses loaned out but still kept on the premises	YES/NO
k. Do you do any teaching of natural horsemanship techniques (i.e Parelli or Monty Roberts technique)	YES/NO
l. Do you do any Equine Facilitated Therapy (i.e. the use of horses for non-ridden therapy)	YES/NO
m. Pony/ Saddle Club If 'YES' Please state: Total Number of members Minimum age Number of staff members supervising List of Activities under taken	YES/NO
n. Pony Camps If 'YES' please state: Number of Students Number of Nights	YES/NO
o. Cover for under 4 year olds?	YES/NO
p. Are there any other activities that client's/employees participate in that we need to be notified of? Please state (e.g. the use of agricultural vehicles, quad bikes, mechanical horses etc.)	YES/NO

**9. To be completed if any Riding Instruction is provided**

a. What is the minimum age of acceptance for pupils/children?(standard minimum age on the policy is 4 years.)	Years
b. Are novice riders permitted to ride any animal under 6 years old? If Yes, please give details	YES/NO
c. Are any animals under 4 years of age used for riding instructions? If Yes, please give details	YES/NO
d. Are any of the animals vicious, or have they ever, to your knowledge, bitten or kicked anyone or had the tendency to bolt? If Yes, please give details	YES/NO

**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 number of hacks/treks per week?	
d. What is the maximum number of riders on any hack/trek?	
e. What is the ratio of instructors to riders on hacks/treks? (e.g. 1 to 4)	
f. Are all horses and treks accompanied by an employee or instructor?	YES/NO
g. Do all employees/instructors engaged in giving riding instructions or leading and accompanying hacks/treks hold suitable BHS or ABRS qualifications or similar standard/experience and are older than 18 years of age	YES/NO

Please details below the qualifications and/or experience of all persons engaged in riding/hacking or trekking instructions/ accompaniment

Name	Age	Years Experience	Qualifications

**Employers Liability**

Do you require this cover?

**YES****NO**

A. Number of full time employees carrying out clerical duties	
B. Number of part time employees carrying out clerical duties (Up to 24hr per week)	
C. Number of full time employees carrying out manual duties	
D. Number of part time employees carrying out manual duties (Up to 24hr per week)	
E. Number of stallion men	
F. 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	
G. Number of students/ work exp. staff/ volunteers employed less than 14 days per annum	
H. Number of family members that assist on the yard not already noted above, and not required employer's liability cover?	

**Please list all staff and their hours worked per week**

Name	Hours worked per week

As a result of legislative changes we require your ERN reference. An ERN is given to every business that registers with HM Revenue and Customs as an employer. It is often referred to on tax forms as an employee PAYE reference.

<b>ERN Number (if exempt please state this)</b>	
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**Public Liability 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.

Please tick the limit of indemnity required:	£10,000 any one animal, £100,000 in policy period	
	£25,000 any one animal, £100,000 in policy period	
	£50,000 any one animal, £100,000 in policy period	
Please state the number of horses in your care and not owned by you?		

**Public Liability Extension - Commercial Legal Expenses****Do you require this cover?****YES****NO**

Estimated Annual Turnover	£
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PLEASE CHECK YOUR PROPOSAL CAREFULLY AND THEN SIGN THE DECLARATION BELOW BY ALL APPLICANTS/ DIRECTORS

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand writing or not, is true. I understand that I have a duty to ensure I have made a fair representation of the risk and have disclosed every material circumstance which myself and/or my senior management and/or anyone responsible for arranging your insurance know or ought to know. I have disclosed sufficient information which would put the insurer on notice that it needs to make further enquiries for the purpose of revealing those material circumstances and I have carried out reasonable searches in order to make a fair representation of the risk. I understand that my duty of fair representation applies at the start of the policy, at renewal and when any variation of the policy is arranged and I will advise my broker or insurer of any changes to the information provided. I understand that if I fail to make a fair representation, the insurer may refuse to pay a claim or reduce the settlement amount, depending on the circumstances.

By signing this Proposal Form I/We hereby consent to any information you may have about me/us being processed by you for the purpose of providing insurance and claims handling which may necessitate providing such information to third parties.

Signature

Name

Position

Date

Date cover required from

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) South Essex Insurance Brokers Ltd are, authorised and regulated by the Financial Conduct Authority.

Your data will be processed in accordance with our Data Privacy Notice, a short form of which is included in this document

## **Data Privacy Notice**

Your privacy is important to us. We will process your personal data in accordance with data protection laws.

SEIB Insurance Brokers, a trading name of South Essex Insurance Brokers Ltd ("**we**", "**us**" "**our**") is the data controller in respect of any personal data which you provide to us or which we hold about you and any personal data which is processed in connection with the services we provide to you.

Where you are provide us with personal data about a person other than yourself (such as a dependant or named person under a policy), you must inform them that you are providing their personal data to us and will refer them to this notice.

To provide our insurance related services, we will collect and process your personal data such as your name, contact details, financial information and any information which is relevant to the insurance policy we are providing. In order to provide your insurance policy or when making a claim, we may also need to collect or process 'special categories of personal data' such as information relating to your health or criminal convictions or information which is likely to reveal your religious beliefs.

We process your personal data for the purposes of offering and carrying out insurance related services to you or to an organisation or other persons which you represent. Your personal data is also used for business purposes such as fraud prevention, business management, systems development and carrying out statistical and strategic analysis.

Providing our services will involve sharing your personal data with, and obtaining information about you from, our group companies and third parties such as brokers, loss adjusters, credit reference agencies, fraud prevention agencies, our service providers and professional advisors or business partners and our regulators.

In some circumstances we may transfer your personal data to countries outside of the European Economic Area. We will put appropriate safeguards in place to ensure that your personal data is protected.

We may market our services to you or provide your personal data to our related companies or business partners for marketing purposes. You can opt out of marketing communications at any time by clicking on the link at the bottom of any email or by contacting us.

## **Fraud Prevention**

We need to carry out fraud, and anti-money laundering checks, and this will involve sharing your personal data (such as your name, contact details and financial information) with credit reference and fraud prevention organisations such as the Claims and Underwriting Exchange. If you make a claim, we will share your personal data (to the extent necessary) with other companies including other insurers and anti-fraud organisations to prevent fraud. For the purposes of deciding whether to accept and pay a claim or any part of it, we may appoint loss adjusters or external investigation services to act on our behalf.

If false or inaccurate information is provided and fraud is identified, your personal data will be passed to fraud prevention agencies including Claims and Underwriting Exchange, and the Insurance Fraud Register, run by the Insurance Fraud Bureau. Law enforcement agencies may access and use this information.

Please note that when carrying out any fraud prevention activities, we may need to process your special categories of data such as criminal offence information and share it with fraud prevention agencies.

## **Further Information**

For further information on how your personal data is used and your rights in relation to your personal data please refer to our Privacy Policy at <http://www.seib.co.uk/about-us/privacy-policy> or contact our Data Protection Officer at South Essex House, North Road, South Ockendon, Essex RM15 5BE or on **01708 850000** or email [dataprotection@seib.co.uk](mailto:dataprotection@seib.co.uk).