

PROPOSAL FORM FOR ONE OFF

EQUESTRIAN EVENTS

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.

Proposer's Full Name:	
Date of Birth:	
Postal Address:	
Post Code:	
Day time Tel No:	
Mobile No:	
Email Address:	
Preferred method of us sending documents:	Post/ Email

SECTIONS REQUIRED (please circle as required)

PUBLIC LIABILITY

EMPLOYERS LIABILITY

1. Name of Show/Organiser:
2. Address where show is being held:
.....
.....
3. Date(s) of event:
4. Details of event:
.....
5. Number of day's event is being held over:

6. Limit of indemnity required £1,000,000 / £2,000,000 / £5,000,000/ £10,000,000
7. Estimated number of Attendees (per day)
8. Number of Employees/Volunteers (per day)
9. Is the event being held indoors/outdoors
10. Will catering be carried out by outside contractors YES/NO
11. Will horse/pony rides be provided for members of the public YES/NO
12. Please give details of non-equestrian activities: (for example Bouncy Castle, BBQ etc.)

13. Please provide details of previous Insurers, (if applicable)	
14. 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
IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE PLEASE PROVIDE FULL DETAILS INCLUDING DATES AND THE CIRCUMSTANCES	

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.

Date cover required from

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 Website: 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.