

Freelance Instructors, Grooms and Riders

Insurance Proposal Form

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 INFORMATION | |
|-----------------------------------|--------------------------------|
| Proposer(s) Full Name | |
| Proposer(s) Date of Birth | |
| Trading or Company Name | |
| Correspondence Address | |
| Postcode | |
| Home Number | |
| Work Number | |
| Mobile Number | |
| Email Address | |
| Website | |
| Preferred method of communication | POST / EMAIL / PHONE |

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| 1. Have you or any proposer, principal, director or partner: | |
| a. Had an insurance declined, cancelled or renewal refused? | |
| b. Had special insurance terms, restrictions or conditions imposed by an insurer? | |
| c. Been prosecuted, or have any prosecution pending, under the Health & Safety at Work Act or similar legislation? | |
| d. Been declared bankrupt or been disqualified from being a company director? | |
| e. Been involved as owner, director or partner of any company that went into receivership, administration, liquidation or been investigated by Inland Revenue & Customs? | |
| f. Been the subject of (or have pending) any County Court Judgements or arrangements with creditors outstanding? | |
| g. Been convicted, or charged (but not yet tried) in respect of any criminal offence other than for motoring offences? Any convictions considered to be spent under the Rehabilitation of Offenders Act 1974, do not need to be disclosed | |
| h. Had any claims made by you? | |
| i. Had any claims made against you? | |
| j. Suffered any incident that could give rise to a claim (whether an insurance claim was made or not)? | |
| IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE PLEASE PROVIDE FULL DETAILS INCLUDING DATES AND THE CIRCUMSTANCES | |
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| ABOUT YOUR BUSINESS | | |
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| 1. Date from which cover is required: | | |
| 3. Please indicate your business description (you can select more than one); | Freelance Instructor | |
| | Freelance Groom | |
| | Freelance Rider (including schooling and exercising) | |
| | Other (please specify) | |
| 3. Do you have any qualifications relevant to this business? | | |
| a. If 'YES' please list the qualifications | | |
| 4. What previous experience do you have relevant to this business? | | |
| | | |
| 5. Is this a new venture? | | |
| 6. Have you previously been insured for this activity? | | |
| a. If 'YES', please confirm: | | |
| i. The insurer | | |
| ii. The renewal date | | |
| iii. The premium including insurance premium tax | | |
| 7. Do you teach using your own horse or a horse you provide? | | |
| a. If 'YES' do you have a current valid riding school licence? | | |
| 8. Do you stable third party horses either at your own premises or a third-party premise? | | |
| 9. Do you carry out your business activities on a premise that is owned or occupied by you? | | |
| a. If 'YES' do any other businesses operate from the premises? | | |
| i) If 'YES' Please confirm the business activities | | |
| | | |
| 10. Do you carry out and document regular risk assessments for all elements of the business including rider registration forms and employee training where applicable? | | |
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| PUBLIC LIABILITY | | |
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| 11. Please select the Public Liability Limit of Indemnity required | £1,000,000 | |
| | £2,000,000 | |
| | £3,000,000 | |
| | £5,000,000 | |
| | £10,000,000 | |

| CARE CUSTODY AND CONTROL | |
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| Liability insurance for horses that belong to third parties should they be injured whilst in the Care Custody or control of the business or proprietor | |
| 12. Is Care Custody and Control cover required? (Standard limit of up to £10,000 per horse and £100,000 in the policy period) | |

EMPLOYERS LIABILITY

Employers Liability insurance will help you pay compensation if an employee is injured or becomes ill because of the work they do for you. Please note employees can include self-employed persons, labor only, sub-contractors and apprentices who are carrying out duties on your behalf and under your direction.

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| 13. Is Employers Liability cover required? (Standard limit of £10,000,000) | |
| If 'YES' please confirm how many people do you have working for you in connection with this business a. Full time b. Part time c. Students or volunteers | |
| Due to legislation we require your Employee Reference Number (ERN). 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. If you do not have an ERN then please confirm you are exempt below | |
| 14. Do you have an ERN? | |
| a. If 'YES' please state this number here: | |

BUSINESS ACTIVITIES

Please note additional terms may apply

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| Do you carry out the following? | |
| 15. Teaching of Natural Horsemanship techniques | |
| 16. Equine Facilitated Learning/ Equine Assisted Therapies | |
| 17. Teaching pupils under 4 years of age | |
| 18. Teaching Western riding | |
| 19. Carriage driving tuition including on roads | |
| 20. Teaching Polo | |
| 21. Teaching Polocrosse | |
| 22. Teaching Horseball | |
| 23. Dog / Pet / House sitting services (maximum 8 animals) and / or dog walking | |
| 24. Teaching of Biomechanics | |
| 25. Do you or any employee carry out any work in connection with this business outside of the UK? | |
| a. If 'YES' please state; The countries you are visiting: The period of time you are visiting: | |
| 26. Carrying out any other activities, if 'YES' please specify below | |
| | |

COMMERCIAL LEGAL EXPENSES

This cover gives up to £100,000 worth of legal advice and fees for scenarios such as employment disputes and contract disputes in connection with your business where there is a reasonable prospect of success

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| 27. Do you require cover for this section? | |
| a. If 'YES' please confirm your estimated annual turnover | |

PLEASE CHECK YOUR PROPOSAL CAREFULLY AND THEN SIGN THE DECLARATION BELOW

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 you providing such information to third parties.

Signature

Name

Position

Date

Data Protection Act 2018

It is understood by the Proposer that any information provided to the Underwriters regarding the Proposer will be processed by the underwriters, in compliance with the provisions of the Data Protection Act 2018, for the purpose of providing insurance and handling claims, if any which may necessitate providing such information to third parties.

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