

Equestrian Commercial Combined Insurance Proposal Form

For Equestrian Businesses and 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.

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		
1. Have you or any proposer, principal, direc	tor or partner:		
a. Had an insurance declined, cancelled or re	enewal 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?			
	o 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			

3. Please indicate your business description (you can	Livery Yard (including Full, Part, DIY & Grass)		
select more than one);	Livery Yard including Freelance		
	Riding Schools		
	Racehorse Trainers & Owners		
	Breaking & Dealing		
	Competition & Training Yard		
	Trekking		
	Hunt		
	Equine Assisted Therapy/Learning		
	Stud Farm		
	Polo		
	Horse Transport & Self Drive Hire		
	Thoroughbred Stud Farm		
	Carriage Driving & Associated Activities		
	Private Yard		
	Horse Show Demonstrations		
	Cross Country Course, Build & Hire		
	Rescue, Rehabilitation & Sanctuary		
	Other (please specify)		
4. Date from which cover is required:			
5. Is this a new venture i.e. a business with no trading history	ory?		
If 'Yes', please confirm:			
a) Previous experience			
b) Qualifications			
If 'No', please confirm:			
a) How long have you been trading?			
b) What is your annual business turnover?			
Have you previously been insured for this activity?			
If 'Yes', please confirm:			
i. The insurer			
ii. The renewal date			
iii. The premium including insurance premium tax			
· · · · · · · · · · · · · · · · · · ·	1		

ABOUT YOUR BUSINESS

2. Business / Risk Address (s)

7. Is the business approved by any of the following:	Approval number
a) BHS (British Horse Society) approved establishment?	
b) ABRS (Association of British Riding Schools) approved?	
c) TRSS (Trekking and Riding Society of Scotland) approved?	
d) WTRA (Welsh Trail Riders Association) approved?	
e) Any other recognised equestrian association?	
If you have answered 'YES' to e) please provide details of the association;	

8. Do you own the premises?	
If 'No', please confirm: Do you have a lease agreement/ contract with the landowner in place?	
9. Are the buildings, property, premises and fencing in a good state of repair and in good order?	
10. Are there any public rights of way on the land?	
If 'Yes' are horses fenced off and appropriate signs displayed?	
11. Have you identified any asbestos within your premises?	
If 'Yes' has an asbestos survey been carried out?	
12. Do any other businesses or activities (apart from those being proposed) operate from the premises?	
If 'Yes' please give details of the business, activities, the insurer and if there are any cross overs with the property of the property of the property of the business.	roposed business:
	<u> </u>
13. Do you carry out and document regular risk assessments for all elements of the business including rider registration forms and employee training where applicable	
14. Do you or any employee carry out any work in connection with this business outside of the UK?	
If 'Yes' please state;	
The countries you are visiting:	
The period of time you are visiting:	

To be completed if your business is a Riding School / Trekking Centre, and/ or includes Equine Facilitated Therapy or pony rides:

15. Do you have a current and valid Riding Establishments License?	
16. Have you ever been refused a Riding Establishments License?	
17. Has a horse assessment form been completed for each horse used within the business and is the form regularly reviewed?	
18. Are any of the animals known to be vicious or had the tendency to bolt?	
19. Are all instructors 18 years old or older with relevant experience and/ or industry qualifications?	
20. Are all those that lead in lessons 13 years old or older and assessed as being suitable for doing this activity?	

PUBLIC LIABILITY			
1. Is Public Liability cover required?			
1. 13 Fublic Liability Cover required:			
2. Please select the Public Liability Limit of Indemnity required?	£2,000,000		
2. Flease select the Fublic Liability Limit of indefinity required:	£3,000,000		
(Riding Schools should have a minimum of £2,000,000 limit of indemnity but please check this with	£5,000,000		
the individual licencing authority)	£10,000,000		
the marviada neericing authority)	110,000,000		
3. Please state the maximum number of horses on the premises at any one time in each of the following	ng		
a) Tuition and working liveries? (i.e. horses licenced under the riding establishments licence)			
b) Private horses (i.e. horses owned by the proprietor but not used for tuition)			
c) DIY and Grass Livery Horses			
d) Full, Part and Stud Livery Horses			
e) Racehorses and point to point horses			
f) Any other animals? (please specify; e.g. dogs, cattle, sheep)			
(prease speerly) e.g. dogs, eather sheep)			
4. Do you run any equestrian shows or events for internal clients only from your premises?			
If 'Yes', please state			
a. Number of events per year			
b. The type of events/ shows will you be running (i.e. show jumping, dressage, XC) please provide d	letails;		
5. Do you run any equestrian shows or events open to the general public to compete in?			
If 'Yes', please state	Г		
a. Number per year			
b. Maximum number of competitors per event / show			
c. The type of events/ shows will you be running (i.e. show jumping, dressage, XC) please provide details;			
6. Do you hire out any of your facilities to third parties?			
a. If 'Yes' please provide details of all facilities hired out (for example gallops, grass arena, indoor aren	ıa outdoor arena XC		
course- please provide the maximum height of jumps)	ia, oataoor arena, xe		
Course produce the maximum neight of Jampe,			
7. Do you provide any overnight accommodation for staff or students?			
If 'Yes' please confirm			
a. Who the accommodation is for?			
b. How many people you provide accommodation for?			
8. Do you provide pony rides away from the premises?			
a. If 'Yes', please confirm the number of days per year?			
0. Do you run ayaraight camps?			
9. Do you run overnight camps?			
a. If 'Yes' please confirm the total number of nights			
b. The maximum number of students per night			
Please note there must be at least one staff member for each 4 students staying overnight			
10. Do you provide lessons on a mechanical horse / horse simulator?			

11. Do you require cover for Freelance teaching (i.e. teaching	g third parties on their own horses on	
and away from the premises for and on behalf of this business		
If 'Yes' please confirm;		
a. The number of people Freelance cover is required for?		
b. Name of Instructors	Experience / qualifications	
	I	
12. Do you carry out the following?		
Teaching of Natural Horsemanship techniques	a a a a a a a a a a a a a a a a a a a	
Equine Facilitated Learning/ Equine Assisted Therapies on you		
Equine Facilitated Learning/ Equine Assisted Therapies on and Teaching on own Cross country course	away from your premises	
Teaching Western riding		
Teaching Western Hunig Teaching Vaulting		
Carriage driving tuition or Carriage rides (enclosed area only)		
Carriage driving tuition or Carriage rides (enclosed area only) Carriage driving tuition or Carriage rides including on roads		
Teaching Polo		
Teaching Polocrosse		
Teaching Horseball		
Teaching of any pupil under 4 years of age		
Teaching of novice riders on horses under the age of 6		
Teaching in any other activities, if 'Yes' please specify below		
13. Do you carry out any of the following activities?		
a. Pony/saddle clubs		
b. Loan a pony scheme (riding schools only)		
c. Unaccompanied hacks (riding schools only)		
d. Do you operate any hacks or treks to the beach?		
e. Dog shows		
f. Use of swimming pool situated off of the premises		
g. Dog / Pet / House sitting services (maximum 8 animals)		
h. Dog walking i. The hire of horses for hunting		
j. Dealing, retraining, rehoming or selling of horses		
J. Dealing, Tetraining, Teriorining of Sening of Horses		
14. Do you carry out and require cover for any of the following	g activities on the premise?	
a. Equestrian retail/ tack shops	5	
b. Quad bike used by any employees or staff		
c. Café or snack bar		
d. Petting farm		
e. Providing use of a swimming pool / hydro therapy pool or g	gym or exercise area to third parties or	
third party horses		
f. Any other activities, if 'Yes' please specify below		
[Г
15. Do you transport third party horses AND require additional	il transporters liability cover to do this?	
If 'Yes', please confirm		
a. Do you take payment for the transporting of the horses?		
b. Do you require care custody and control cover to extend	to this activity?	
c. How many horse boxes do you use for this activity?	hav2	
d. What is the maximum number of horses transported per	DUX!	
e. Do you use a horse trailer for this activity?		

CARE CUSTODY AND CONTROL		
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		
1. Is Care Custody and Control cover required		
2. How many horses in your care custody or control that do not belong to you?		
3. Please select limit required		
a. £10,000 per horse and £100,000 in the aggregate		
b. £25,000 per horse and £100,000 in the aggregate		
c. £50,000 per horse and £100,000 in the aggregate		

EMPLOYERS LIABILITY	
Employers Liability insurance will help you pay compensation if an employee is injured or becomes ill be	because of the work they
do for you. Please note employees can include self-employed persons, labour only, sub-contractors a	and apprentices who are
carrying out duties on your behalf and under your direction.	
1. Is Employers Liability cover required?	
2. If 'Yes' please confirm the following;	
a. Number of employees carrying out clerical duties only	
Full time	
Part time (Less than 24 hours a week)	
b. Number of employees carrying out manual duties	
Full time	
Part time (Less than 24 hours a week)	
c. Number of Stallion men	
d. Number of students/work experience staff/volunteers who work	
Less than 14 days a year	
Between 15-90 days a year	
Between 91-186 days a year	
187 days or more a year	
e. Number of family members working for the business	
Full time	
Part time (Less than 24 hours a week)	

2. Due to legislation we require your Employee Reference Number (ERN). An ERN is given to every but	siness 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		
a) Do you have an ERN?		
b) If 'Yes' please confirm your ERN number		

COMMERCIAL LEGAL EXPENSES	
This cover gives up to £100,000 worth of legal advice and fees for scenarios such as employment dis	putes, land disputes and
contract disputes in connection with your business where there is a reasonable prospect of success	
1. Do you require cover for this section?	
If 'Yes' please confirm your estimated annual turnover	

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 you providing such information to third parties.

purpose of providing insurance and claims nanding 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.

SEIB Insurance Brokers Ltd, South Essex House, North Road, South Ockendon, Essex RM15 5BE

E-Mail: enquiries@seib.co.uk Website: www.seib.co.uk

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

COMMERCIAL EQUESTRIAN PROPERTY (Material damage)	
1. Do you require commercial property cover?	
a) Please provide the full address of the premises to insure below.	
Address	
Postcode	
T ostobac	
If you have more than one premises you require cover for please complete the details on a separate p	proposal form
b) Do you have any electrics?	
i) If 'Yes' are your electrical installations inspected at least every 5 years by a qualified electrician	
and all defects remedied accordingly?	
c) Do you have a fire risk assessment undertaken at the premises at least every five years?	
d) Are the premises heated by any means other than gas, electricity or oil fired central heating?	
e) If 'Yes' please confirm details:	
f) be an example of a state of a state of the state of th	T
f) Is a no smoking policy enforced within the premises & stable area?	
g) Is the property ever unoccupied for more than 30 consecutive days?	
h) Have the premises previously suffered from flooding or situated within 250 meters of	
a watercourse or canal, lake, reservoir or dam, seafront or promenade, cliff or similar?	
i) Has the property ever suffered or shown damage from subsidence or been underpinned?	
j) Do you require cover for subsidence?	
Please note a separate subsidence questionnaire may need to be completed for cover to be	
considered	
k) Is the premises protected by a 24 hour monitored CCTV?	
I) Is there a whole-time fire brigade in service within 20 minutes of all buildings to be insured?	
	·

WE CAN NOT GIVE ADVISE ON WHAT VALUE YOU SHOULD INSURE YOUR PROPERTY (BUILDINGS AND CONTENTS) FOR, PLEASE CONTACT A PROFESSIONAL (FOR EXAMPLE FOR BUILDINGS A BUILDER OR SURVEYOR) TO GET ADVICE IF YOU ARE UNSURE. 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 WILL RESULT IN THE INSURER REDUCING THE AMOUNT THEY PAY OUT FOR BOTH THE BUILDINGS AND CONTENTS.

Please complete the sections below that you require cover for

2. BUILDINGS TO BE INSURED							
Description of buildings to be insured (please list individually where possible);	Construction of walls and roof	Percentage flat roof	Age	Listed -	Open Sided	Sum insured	
For example - Stables	Standard construction (brick walls with tiled roof)	0%	15	No	No	££££	
Portacabins							
Static Mobile Homes							

A standard construction building is one where walls are built completely of brick, block, stone or concrete. A nonstandard construction building would be one made of any other material such as timber or metal. Full details of the construction of the walls and roof must be provided.

Only open sided Barns and Field shelters that are permanent fixtures/ secured to the ground can be covered

If the building is of non-Standard construction and over 10 years old then storm damage is automatically excluded however this can be reviewed with photographic evidence. If cover is required for this then please forward clear photos of the buildings for us to review.

Solar panels and arena mirrors	
Outdoor riding arena including the surface	
Tenants Improvements (Improvements made to the buildings such as fitting a new kitchen, or refurbishing an arena and facilities)	
Rent Payable (money payable by you to a landlord)	

to please refer to the policy wording and po	licy schedule for details of t	his.	
	Sum insured stored in a building of standard construction	Sum insured stored in a building of non-standard construction	Sum insured stored in the open
a. Stock (including hay, straw, bedding and			
feed)			
b. Jumps and Judge boxes			
c. Horse trailers, trailers and Horse Drawn Vehicles / Carriages			
d. All other contents (including non- motorised machinery, rollers, harrows, general tools and wheel barrows)			
Berneral tools and three barrens,			
e. Agricultural Vehicles * (including quads, g	ators, tractors and ATV's). F	Please complete the details I	pelow
Description of item	Sum insured stored in a building of standard construction	Sum insured stored in a building of non-standard construction	Sum insured stored in the open

Continue on a separate sheet if more items are required
*Please note that any vehicle that is road registered and/ or used on any public highway can not be insured under this policy.

	Sum insured stored in a building of standard construction	Sum insured stored in a building of non-standard construction	Maximum value taken off site
f. Office Equipment			
g. Tack and Saddlery			

Do you or any other persons live on the premises?	
Does the tack room have a five lever mortise deadlock on all final entrances and exits?	
If 'No' to ii) please specify the types of locks on all final entrances and exits:	
Is the tack room protected by an intruder alarm system?	
If 'Yes' to iii) please state the type of alarm	
If 'Yes' to iii) Is the alarm linked to a security company / the police?	
If 'Yes' to iii) is the alarm maintained by a company approved by the National Security Inspectorate	
(N.S.I)?	
If 'Yes' to iii) please state method of signaling (if known):	
Are there any other notable security features on the tack room or premises, if 'Yes' please specify below:	

4. EQUINE MATERIAL DAMAGE AND FATAL INJURY	Sum Insured
Do you require cover for Equine Material Damage?	
Equine Material Damage Sum insured *	
Including fatal injury**	

^{*}For horses up to a maximum value £5,000 any one animal and an overall aggregated limit of £50,000 due to Insured Specified Perils only.

(Full details of this cover are noted under the Equine Material Damage endorsement)

5. BUSINESS INTERRUPTION COVER (standard 12 month indemnity period)	Sum Insured
a) Do you require cover for loss of revenue?	
If 'Yes' please confirm your annual business turnover	
b) Do you require cover for loss of rent receivable (money payable to you by tenants)	
If 'Yes' please confirm your annual rental income	
c) Do you require an indemnity period over the standard 12 months?	
If 'Yes' please confirm the Indemnity period required (for example 24 or 36 months)?	

6. MONEY COVER	
a) Is loss of business money cover required?	
b) The standard limit for money during business hours is £2,500 is a higher limit required?	
If 'Yes', please confirm the amount	

7. TERRORISM COVER Is cover required for this?

Please note a separate quotation will be provided if Terrorism cover is required. This extension is for items included in the commercial property section and includes business interruption if included. The extension can only be provided for buildings and property used for commercial purposes

COMMERCIAL LEGAL EXPENSES	
This cover gives up to £100,000 worth of legal advice and fees for scenarios such as employment dis	putes, land disputes and
contract disputes in connection with your business where there is a reasonable prospect of success	
1. Do you require cover for this section?	
If 'Yes' please confirm your estimated annual turnover	

^{**}Including fatal injury away from the premises

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 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.

SEIB Insurance Brokers Ltd, South Essex House, North Road, South Ockendon, Essex RM15 5BE SEIB Insurance Brokers Ltd are authorised and regulated by the Financial Conduct Authority.

GENERAL QUESTIONS	
1. Do you require Domestic Property cover?	
2. Address of the property to be insured	
Postcode	
If you have more than one Domestic Property on the premises that you require cover for please com	nplete the details on a
separate proposal form	
3. Have you or anyone living at the property;	
a) Sustained any loss, damage or liability during the last 5 years in connection with your home or	
contents including losses away from the home whether a claim was made or not?	
If 'Yes' please provide full details:	
b) Had any insurance declined or cancelled or special terms imposed?	
c) Ever been convicted of, received a police caution for or charged with but not yet tried for any	
offence or crime other than a motoring offence?	
Any convictions considered to be spent under the Rehabilitation of Offenders Act 1974, do not need	
to be disclosed	
4. Has the property ever suffered or shown damage from subsidence or been underpinned?	
If 'Yes' a separate subsidence questionnaire would need to be completed	
5. Is the property on a site which has ever suffered from flooding at any time?	
6. Is the property, because of its position, vulnerable to damage by storm or flood?	
7. Is the property regularly occupied at night except for normal holidays?	
8. Is the property self-contained having its own separate lockable front door under your control?	
9. Is the property solely occupied by you and your family for private residential purposes?	
a) If 'No' please confirm who is residing in the property (for example, lived in by family members, long terr	m rent to professionals.
holiday accommodation, b&b, staff accommodation)	μ.σ.σ.σ.,
10. Is the property used in connection with any business or profession?	
a) If 'Yes' please provide details	
11. Are you now or have you previously been insured in respect of any of the risks to which this	
application applies?	
a) If 'Yes' please provide the name of the insurer	

12. PROPERTY DETAILS	
13. Is your property built of brick and roofed with tiles?	
i) If the answer is 'No' please confirm the construction	Walls:
	Roof:
14. Please confirm the type of property;	House
	Bungalow
	Flat
	Chalet
	Maisonette
	Mansion
15. Is your property;	Detached
	Semi Detached
	Terraced
16. Please confirm the number of bedrooms	
(A bedroom means a room used as a bedroom or originally intended to be a bedroom but used for	
another purpose)	
17. Please confirm the age of your property	Pre 1920
	please confirm to age:
	1920 - 1945
	1946 - 1979
	1980 - 1989
	1990 to date
18. Is the property a listed building	
i) If 'Yes' please confirm the type of listing	Grade I
	Grade II
	Grade II*
19. Does your property have a flat roof?	
i) If 'Yes' please confirm what % of your home is flat roofed?	%
20. Does your property have NACOSS alarm installed	
	•
21. BUILDINGS	
a) Is buildings cover required?	
If 'Yes' please complete the following	
b) Please confirm the Sums Insured required	
The Sums Insured for buildings should represent the full cost of rebuilding as new including	
$architect's, surveyor's, consulting\ engineers\ and\ legal\ fees, removal\ of\ debris\ and\ the\ costs\ of\ meeting$	
local authority requirements.	
c) Is accidental damage cover required?	
d) Please note any other interested parties (for example mortgage lender, lessor etc.)	

22. CONTENTS				
a) Is contents cover required?				
If 'Yes' please complete the following				
b) Please confirm the Sums Insured required (minimum £15,000)				
The Sums Insured for contents should represent the full replacement	nt cost of property insured b	y this		
section				
Is accidental damage cover required?				
c) Does any single item included in the Sums Insured exceed £3,500°	?			
If 'Yes' please list the items in question '24. Specified Items' below				
23. PERSONAL BELONGINGS (valuables, clothing and portable posse	essions in or away from the h	ome)		
a) Is Personal belongings cover required?				
If 'YES' please complete the following				
b) Please confirm the Sums Insured required (minimum £1,500)				
Personal belongings sums insured should represent the amount of s	uch property you are likely to	o take		
away from the home	, , , , , ,			
c) Does any single item included in the Sums Insured exceed £3,500	?			
If 'YES' please list the items in question '24. Specified Items' below				
24. SPECIFIED ITEMS (single items over £3,500) *	1	1		
Description of item			Do you require cover for	
		these	outside the home?	
*C	1 1 1 1 1 1 1 1	<u> </u>		
* Should you have to make a claim, you will be asked to prove its values and was the many that and was the many to be under	· · · · · · · · · · · · · · · · · · ·		= · · · · · · · · · · · · · · · · · · ·	
regularly valued so you can insure them correctly and won't be und jewellery should ideally be valued annually, as the prices of metal and			expensive items such as	
jewellery should ideally be valued allitually, as the prices of filetal and	i stories cari criange frequent	LIY.		
25. PEDAL CYCLES				
a) Is cover for Pedal Cycles required?				
If 'Yes' please complete the following				
Description			Value	
26. LEGAL EXPENSES				
a) Is Domestic Legal Expenses cover required?				

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

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.

SEIB Insurance Brokers Ltd, South Essex House, North Road, South Ockendon, Essex RM15 5BE SEIB Insurance Brokers Ltd are authorised and regulated by the Financial Conduct Authority.