

# **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 motoring offences?	tried) in respect of any criminal offence other than for		
Any convictions considered to be spent ur to be disclosed	nder the Rehabilitation of Offenders Act 1974, do not need		
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			
		_	

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				
L) O. alifantiana				
b) Qualifications				
If 'No', please confirm:				
a) How long have you been trading?				
b) What is your annual business turnover?				
6. 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				

ABOUT YOUR BUSINESS

2. Business / Risk Address (s)

h the landowner in place?
t

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 pr	oposed business:
	T
13. Do you have a active Health and Safety policy and 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:

	1-7 - 1 7
15. Do you have a current and valid Riding school license or other license required by legislation, appropriate to your business?	
16. Have you ever been refused a 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?	
2. Please select the Public Liability Limit of Indemnity required?	£2,000,000
	£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
	-,,
3. Please state the maximum number of horses on the premises at any one time in each of the followi	ng
a) Tuition and working liveries? (i.e. horses included under the license required by legislation)	
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)	
	T
4. Do you run any equestrian shows or events for internal clients only from your premises?	
If 'Yes', please state	Τ
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	
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 d	etails:
c. The type of events/ shows will you be fullfilling (i.e. show jumping, dressage, he) please provide a	ctuiis,
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	na, outdoor arena, XC
course- please provide the maximum height of jumps)	
7. Do very manyide any avanciebt accommodation for staff or students?	
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?	
VI conserve and a conserve and a few leaves	1
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 third parties on their own horses on				
and away from the premises for and on behalf of this business	you are proposing)?			
If 'Yes' please confirm;				
a. The number of people Freelance cover is required for?				
b. Name of Instructors	Experience / qualifications			
	1			
12. Do you carry out the following?				
Teaching of Natural Horsemanship techniques  Equine Facilitated Learning/ Equine Assisted Therapies on you	r promises only			
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				
Total and the second se				
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				
14. Do you carry out and require cover for any of the following	g activities on the premise?			
a. Equestrian retail/ tack shops				
b. Quad bike used by any employees or staff				
c. Café or snack bar				
d. Petting farm				
d. Petting farm e. Providing use of a swimming pool / hydro therapy pool or g	ym or exercise area to third parties or			
d. Petting farm e. Providing use of a swimming pool / hydro therapy pool or g third party horses	ym or exercise area to third parties or			
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d. Petting farm e. Providing use of a swimming pool / hydro therapy pool or g third party horses f. Any other activities, if 'Yes' please specify below  15. Do you transport third party horses AND require additional				
d. Petting farm e. Providing use of a swimming pool / hydro therapy pool or g third party horses f. Any other activities, if 'Yes' please specify below  15. Do you transport third party horses AND require additional if 'Yes', please confirm				
d. Petting farm e. Providing use of a swimming pool / hydro therapy pool or g third party horses f. Any other activities, if 'Yes' please specify below  15. Do you transport third party horses AND require additional if 'Yes', please confirm a. Do you take payment for the transporting of the horses?	I transporters liability cover to do this?			
d. Petting farm e. Providing use of a swimming pool / hydro therapy pool or g third party horses f. Any other activities, if 'Yes' please specify below  15. Do you transport third party horses AND require additional 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	I transporters liability cover to do this?			
d. Petting farm e. Providing use of a swimming pool / hydro therapy pool or g third party horses f. Any other activities, if 'Yes' please specify below  15. Do you transport third party horses AND require additional if 'Yes', please confirm a. Do you take payment for the transporting of the horses?	I transporters liability cover to do this?  to 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 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			
Up to 14 days a year (maximum of 2 work experience students per 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 disputes, 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.

Signature			
Name			

### Data Protection Act 2018

Position

Date

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	
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) 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?	
m) Does the property have any external flammable composite panelling / cladding?	
i) If 'Yes' then please provide details	

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 INSURE	D					
Description of buildings to be insured (please list individually where possible);	Construction of walls and roof	Percentage flat roof	Age	Listed -	Open Sided	Rebuild cost
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	Replacement cost - items	Replacement cost - items	Replacement cost -
	stored in a building of standard construction	stored in a building of non- standard construction	items stored in the open
a. Stock (including hay, straw, bedding and feed)			
b. Jumps and Judge boxes			
c. All other contents (including non- motorised machinery, rollers, harrows, general tools and wheel barrows)			
d. Agricultural Vehicles * (including quads, g	ators, tractors and ATV's). F	Please complete the details b	elow
Description of item	Replacement cost - items stored in a building of standard construction	Replacement cost - items stored in a building of non-standard construction	Replacement cost - items stored in the open
Continue on a separate sheet if more items	are required		
Please note that any vehicle that is road reg	istered and/ or used on any	public highway can not be ir	sured under this policy.
	Replacement cost - items stored in a building of standard construction	Replacement cost - items stored in a building of non-standard construction	Maximum value taken off site
e. Office Equipment			
f. Tack and Saddlery			
g. Horse trailers, trailers and Horse Drawn Vehicles / Carriages			
Does any single item of tack and saddlery, in	ncluded in the Replacement	Cost exceed £3,500?	
Specified Tack and Saddlery			
Description of item	<del></del>	Value	Taken Off Site
2000		Taluc	raken on one
	<del> </del>		
Security auestions below must be answere	d if Tack & Saddlerv require		
Security questions below must be answere Please confirm the construction details of the		ind Saddlery is kept:	
		ind Saddlery is kept:	
Please confirm the construction details of the Double of the Doyou or any other persons live on the prer	ne building where the Tack a	, , , 	
Please confirm the construction details of the Do you or any other persons live on the prer Does the tack room have a five lever mortise	ne building where the Tack a nises? e deadlock on all final entran	ces and exits?	
Please confirm the construction details of the Do you or any other persons live on the prer Does the tack room have a five lever mortise of 'No' to ii) please specify the types of loc	ne building where the Tack a nises? e deadlock on all final entran ks on all final entrances and	ces and exits?	
Please confirm the construction details of the Do you or any other persons live on the pred Does the tack room have a five lever mortise If 'No' to ii) please specify the types of locals the tack room protected by an intruder also	ne building where the Tack a nises? e deadlock on all final entran ks on all final entrances and arm system?	ces and exits?	
Please confirm the construction details of the Do you or any other persons live on the pred Does the tack room have a five lever mortise If 'No' to ii) please specify the types of locals the tack room protected by an intruder also If 'Yes' to iii) please state the type of alarm	ne building where the Tack a nises? e deadlock on all final entran ks on all final entrances and arm system?	ces and exits?	
Do you or any other persons live on the prer Does the tack room have a five lever mortise If 'No' to ii) please specify the types of locals the tack room protected by an intruder also If 'Yes' to iii) please state the type of alarm If 'Yes' to iii) Is the alarm linked to a securi If 'Yes' to iii) is the alarm maintained by a control of the present the type of alarm the present the type of alarm and the present the type of alarm the present the type of alarm and the present the type of alarm the present the type of alarm and the present the	ne building where the Tack a mises? e deadlock on all final entran ks on all final entrances and arm system? n ty company / the police?	ces and exits? exits:	
Please confirm the construction details of the Do you or any other persons live on the prer Does the tack room have a five lever mortise If 'No' to ii) please specify the types of locals the tack room protected by an intruder aloud If 'Yes' to iii) please state the type of alarm If 'Yes' to iii) Is the alarm linked to a securi	nises? deadlock on all final entrances and arm system? ty company / the police? ompany approved by the Na	ces and exits? exits:	

4. BUSINESS INTERRUPTION COVER	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) What indemnity period do you require cover for?	

5. 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	

a) is loss of business money cover required?	1
b) The standard limit for money during business hours is £2,500 is a higher limit required?	
If 'Yes', please confirm the amount	
6. TERRORISM COVER	

Is cover required for this?	
Please note a separate quotation will be provided if Terrorism cover is required. This extension is	or 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	

#### PLEASE CHECK YOUR PROPOSAL CAREFULLY AND THEN SIGN THE DECLARATION BELOW BY ALL APPLICANTS/ DIRECTORS

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Signature	
Name	
Position	
Date	

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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	
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 co	omplete 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 te	orm rent to professionals
holiday accommodation, b&b, staff accommodation)	initient to professionals,
Holiday accommodation, bas, starr accommodation,	
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 replaceme	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	?			
1604 2 1 15 15 15 15 15 15 15 15 15 15 15 15 1				
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) *				
	Value	Do		
Description of item	Value		Do you require cover for these outside the home?	
		tilese	outside the nome:	
* Chauld you have to make a claim you will be asked to prove its yel	a and aumorehin It is advis	able to	got your enositied itoms	
* Should you have to make a claim, you will be asked to prove its valued so you can insure them correctly and won't be und	· · · · · · · · · · · · · · · · · · ·			
regularly valued so you can insure them correctly and won't be und	er insured in the event of a	claim. E		
	er insured in the event of a	claim. E	= -	
regularly valued so you can insure them correctly and won't be und	er insured in the event of a	claim. E	= -	
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 25. PEDAL CYCLES	er insured in the event of a	claim. E	= -	
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 25. PEDAL CYCLES  a) Is cover for Pedal Cycles required?	er insured in the event of a	claim. E	= -	
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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  25. PEDAL CYCLES  a) Is cover for Pedal Cycles required? If 'Yes' please complete the following	er insured in the event of a	claim. E	Expensive items such as	
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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 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.

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