



CROSS COUNTRY COURSE QUESTIONNAIRE

General Information

Contact Name

Business Name

Address

.....

.....

Telephone No.

Fax No./Email Address

Location of the Cross Country course
(if different from the address above)

.....

.....

By Whom was the course Constructed?

What are their qualifications/experience in
this activity?

.....

.....

How many fences/obstacles does the
course feature?

How high are the fences/obstacles? Up to 1m (3'3")

Above 1m (3'3")

How long is the course?

How often are the fences/courses
checked?

Who checks the fences/courses?

.....

Please give their ages and details of their
experience:

.....

.....

Are riders supervised?

Please give the estimated number of riders
using the course each week:

Are all riders experienced in this activity?

Do riders complete a registration
form/questionnaire prior to using the
course? Yes No

Do you check whether riders hold their own Public Liability Insurance?

Yes No

Public/Products Liability

Please indicate the limit of indemnity required:

£1,000,000

£2,000,000

£5,000,000

Employers' Liability

Limit of Indemnity £10,000,000

Please give total number of employees

Clerical

Manual excluding Woodworking Machinery

Manual Including Woodworking Machinery

Family Members
(Please also give wage roll for family members)

Claims Declaration

Have any claims or incidents occurred in the last 5 years involving injury or damage to property?

Yes No

If yes please give details below:

.....
.....
.....

Important Information

Please note the following conditions apply to this type of policy, these must be adhered to at all times.

- Hard hats are to be worn by all riders
- The course, including all fences must be inspected prior to commencement of each day's riding by a suitably qualified or experienced person and a record kept of the inspection including; date, person who made inspection and any irregularities.

This policy does not cover for:

- Professional Indemnity Cover
- The first £500 of any successful third party property damage claim under Public/Products Liability section of this policy .

Proposer's Declaration

I hereby declare that information declared in this document is true and correct and to the best of knowledge and belief all significant facts relating to this risk have been fully disclosed.

I agree that this proposal shall be the basis of any contract between myself and Underwriters and I understand that the completion of this form does not bind Underwriters to accept the proposal.

I declare that the answers given to the questions in this form are true and complete, I have not withheld any information likely to influence the decision of Underwriters in accepting this proposal. Should it be necessary I give my permission for all facts relating to any past Liability Insurance to be disclosed for the purposes of Insurance with KBIS Ltd.

Signed:

Date: