



BRANCH OF THE PONY CLUB PROPOSAL FORM

Name of Branch:

Name & Address for Communications:

.....

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.....Postcode:

Telephone No:..... Fax No:

Please complete this form in full, if the answer to any questions is none please state 'none'.

1. PHYSICAL LOSS OF OR DAMAGE TO PROPERTY

Sum Insured

i.) Owned Property £ Required? Yes No

ii.) Hired property £ Required? Yes No

iii.) Please give full details of where equipment is kept i.e. Locked Barn

iv.) Please give full details of security measures in place to reduce risk of loss
Please note, this policy warrants that all trailers are immobilised with a hitchlock and wheelclamp when not in use.

1b. DAMAGE TO VEHICLES -

i.) Number of Activities Required? Yes No

2. PERSONAL ACCIDENT - MEMBERS

i.) No. of Members Required? Yes No

3. PERSONAL ACCIDENT- INSTRUCTORS, OFFICIALS & VOLUNTARY HELPERS

i.) No. of Members Required? Yes No

4. CLAIMS HISTORY

Have you sustained any loss or damage to property or have any accidents occurred to members, instructors, officials or voluntary helpers in the last 5 years?

Yes

No

i.) If 'Yes' please give date and full details of incident:

Risks which have had claims may be subject to an increased premium.

I hereby declare that the information detailed in this document is to the best of my knowledge and belief accurate and all the facts relating to the insurance 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.

Data Protection Act 1998

The details you have provided will be used by Kbis Ltd to process your request in accordance with the Data Protection Act 1998 and other applicable laws. We share data with approved organisations for underwriting and fraud prevention purposes, in all instances we take steps to ensure an adequate level of protection is given to your information. In order to assess the terms of an insurance contract or administer claims that arise, we may need to collect data that the Data Protection Act 1998 defines as sensitive (such as medical data or criminal convictions). In order to process your information for the purposes of providing insurance and claims handling it may be necessary to pass your information to carefully selected third parties. By proceeding with this application you signify your consent to such information being processed this way.

Please note that no cover is in force until the completed form and your cheque have been received and accepted by Kbis British Equestrian Insurance

Signed:

Please also print:

Position:

Dated:/...../20.....