

If you have any queries regarding this form please contact us
0345 230 2323
ask@kbis.co.uk



Farriers

PROPOSAL FOR LIABILITY INSURANCE

Public Liability

- Provides cover against Bodily Injury to third parties or Damage to third party property.
- There are four limits of cover available
 - £1,000,000
 - £2,000,000
 - £5,000,000
 - £10,000,000.

Employers Liability

- Provides cover against Bodily Injury, Illness or death sustained by persons employed by you, happening during the course of their employment.

Care, Custody or Control

- Provides cover against Death and/or Accidental Injury to horses in your care, custody or control in respect of claims made against you by the owner(s).

GUIDELINES

This policy does not provide any cover for damage to or loss of property owned or occupied by you.

Employer's Liability Insurance is not available in isolation and must be taken in conjunction with Public Liability Insurance.

If you require any assistance completing this form or would like to discuss any of the other insurance products that we offer please contact us.

Telephone: 0345 230 2323
Email: ask@kbis.co.uk

PROPOSER'S DETAILS

Name of Proposer:

Correspondence Address:

Post Code

Business Name:

Business Address:

Business Post Code

Contact Tel. Number

Email

Business Description:

KBIS Members Club

We would like to offer you the opportunity to opt in to our KBIS Members Club which is free of charge and allows members access to our latest competitions, offers and products along with useful information about horse care from our in-house vet via our email newsletter. KBIS Members Club will only communicate with you by email with your explicit consent and will not share your data with anyone else. If at a later date you do not want to receive our newsletter you can opt out at any time. Further details including how to cancel your membership of the KBIS Members Club are contained in our privacy policy and on our website.

Would you like to join the KBIS Members Club?

Yes

No

YOUR BUSINESS

In connection with any liability insurance

a) Have you or any partner in business with you had any proposal for Insurance declined, renewal refused, cover terminated or special terms and conditions imposed by any Insurer? Yes No

b) Has any incident occurred over the past 5 years involving bodily injury or damage to property, whether a claim was made or not? Yes No

If the answer to 2a) or 2b) above is "YES", please provide full details and dates below (further space overleaf):

Are you a qualified farrier? Yes No

Are you a registered farrier with the Farrier's Registration Council? Yes No

Are you a member of NAFBAE? Yes No

Are you a member of BABA? Yes No

EMPLOYERS LIABILITY (Limit of Indemnity £10,000,000)

Please indicate total number of employees on premises at any one time, including part-time workers, students, work experience and those paid in kind, e.g. free board/lodgings, meals, horse riding in lieu thereof

How many employees do you have?

Do you operate a staff training programme? Yes No

Do you have an Employer's Reference Number? Yes No

If Yes, please supply this number

If you are unsure, please contact KBIS for guidance on when you may or may not have an Employer's Reference Number.

PUBLIC LIABILITY

Please tick the Limit of Indemnity required:

£2,000,000 £5,000,000 £10,000,000

1. Do you carry out work away from your premises? Yes No

If YES please give full details

2. Does this work involve the use of blow lamps/torches/oxyacetylene electric or similar welding equipment? Yes No

If YES please give full details including the percentage of your time spent on work involving the application of heat away from your premises

3. What percentage of your total business time is spent using blow lamps/torches/oxacetylene welding or cutting equipment in manufacture, maintenance or repair of agricultural buildings or machinery%

4. State approximate turnover (if any) from USA and Canada £.....

5. Do you or your employees install your own products away from your premises? Yes No
If YES please give full details

6. Do you or your employees install other peoples products away from your premises? Yes No
If YES please give full details

7. Will you or your employees undertake work that will involve any Construction/repair/alteration Yes No

If YES, please give full details including any previous experience

8. Will you or your employees undertake work above ten metres in height from the ground level Yes No

If YES, please give full details including any previous experience

9. Do you or your employees carry out work that will involve the use of scaffolding Yes No

If YES, please give full details including any previous experience

FARRIERS ONLY

If you require liability cover in respect of Injury to Horses suffered whilst under your control for the purposes of shoeing and also for injury caused during shoeing whilst providing treatment in connection with shoeing please answer the following questions

- Please advise the Limit of Indemnity you require £10,000 £500,000 £1Million
 Please advise the percentage of time you spend working on Bloodstock 0%-30% 31%-75% 76%-100%

ELTO Notice

If You have purchased cover under Section A and this Policy provides employers' liability cover, then certain information relating to it including:

- the Policy number(s)
- employer's names and addresses (including subsidiaries and any relevant changes of name)
- coverage dates
- (if relevant) the employer's reference numbers provided by Her Majesty's Revenue and Customs

will be provided to the Employers' Liability Tracing Office (the "ELTO") and added to the Employers' Liability Database (the "ELD").

It is understood by You that the above named information provided to Us will be processed by Us, for the purpose of providing the ELD, in compliance with the provisions of the Employers' Liability Insurance Disclosure by Insurers Instrument 2010.

The ELD will be managed by the ELTO. The ELTO may provide such information to third parties to assist individuals with claims arising out of their course of employment in the United Kingdom for employers carrying on, or who carried on, business in the United Kingdom, to find the insurer that was providing employers' liability cover during their relevant period of employment and also to find the relevant employers' liability insurance policies.

PROPOSERS DECLARATION

I/We hereby consent to any information you may have about me/us being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to third parties.

Important - Information you have given us.

In deciding to accept this insurance and in setting the terms and premium, we will rely on the information you have given us. You must take care when answering any questions we ask by ensuring that all information provided is accurate and complete.

If we establish that you deliberately or recklessly provided us with false or misleading information we will treat the insurance as if it never existed and decline all claims.

If we establish that you carelessly provided us with incorrect or incomplete information that we have relied upon in accepting the insurance and setting its terms and premium we may;

- treat the insurance as if it had never existed and refuse to pay all claims and return the premium paid. We will only do this if we provided you with insurance cover which we would not otherwise have offered;
- amend the terms of your insurance. We may apply these amended terms as if they were already in place if a claim has been adversely impacted by your carelessness;
- charge you more premium for your insurance or reduce the amount we pay on a claim in the proportion the premium you have paid bears to the premium we would have charged you; or
- cancel your insurance.

If you are in any doubt at all regarding any of the answers you have given, you should ask your broker or contact KBIS Ltd.

You must tell us, within 14 days of you becoming aware, if any of the information provided by you changes after you purchase your policy and during the period of your policy.

DECLARATION To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true.

Signature of Proposer

Name

On behalf of

Date

Date cover to commence :.....