



Horse Rides

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

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

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:

Is your turn over (please tick as appropriate):

Between £0 and £2,000,000 Between £2,000,000 and £6,500,000 Above £6,500,000

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

GENERAL QUESTIONS

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):

Do you have an Accident Report Book and is it up-to-date? Yes No

Do you have a Health & Safety statement? Yes No

Do you have written Risk Assessments? Yes No

YOUR BUSINESS

Date of Event:

Tick box if cover required for more than 1 event

Number of Horses Used:

Are all riders on a lead rope? Yes No

It is a requirement of this insurance policy that all riders are escorted on a lead rope at all times. Failure to do so will invalidate this insurance

What is the age/experience of handlers leading the rides?
Please provide full details

What is the minimum age of riders allowed to take part?

Do all horse rides take place in a fenced off area? Yes No

If No, please provide details of where horse rides take place

Do you provide riding hats? Yes No

If Yes, are they up to current safety standards?

Yes No

How often are they checked for signs of wear or damage?

Do you ensure all riders wear suitable footwear?

Yes No

If No, do you use stirrups with caged toes?

Yes No

How do you ensure the suitability of the horses used?
Please provide full details

Have you contacted your local authority to confirm whether you require a license for these activities?

Yes No

PUBLIC LIABILITY

Please tick the Limit of Indemnity required:

£1,000,000 £2,000,000 £5,000,000

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

Number of Employees:

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.

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 :.....