

**RESIDENTIAL & RIDING ESTABLISHMENT
PROPOSAL FORM**



Name of Establishment:.....

Proposer's Name:.....

Address of Premises

To be Insured:.....

.....

Postcode:..... Tel No:..... Fax:.....

E Mail:.....

Correspondence Address (If different from above).....

.....

Full Description of

Business Activities:.....

PLEASE NOTE THAT THIS PROPOSAL FORM COMPRISES TWO SECTIONS – SECTIONS 1 TO 8 IN RESPECT OF RESIDENTIAL PROPERTIES OR STAFF ACCOMODATION AND SECTIONS 9 TO 15 IN RESPECT OF RIDING ESTABLISHMENTS.

IF THERE ARE NO RESIDENTIAL PROPERTIES OR STAFF ACCOMODATION TO BE INSURED PLEASE PROCEED DIRECTLY TO SECTION 9.

SECTIONS 1-8

Buildings and Contents of Residential Property and/or Staff Accommodation

(Please include interior decorations, domestic outbuildings, fuel tanks, swimming pools, tennis courts, drives, patios, terraces, walls, fences and gates)

If more than one building is to be insured please supply details of additional buildings on a separate sheet.

1. BUILDING(S)	Sum Insured
(a) Standard Construction (Brick/Stone; Slate/Tile)	£
(b) Non Standard Construction (other than a, c & d)	£
(c) Wooden Construction (excluding Thatched)	£
(d) Thatched	£
Do you require Accidental Damage cover?	YES / NO
2. CONTENTS	
(Other than items listed below) The Sum Insured should be "as new" replacement of all contents.	£
Do you require Accidental Damage cover?	YES / NO
3. Silver, Gold, Plate (excluding jewellery)	£
4. Pictures, Paintings	£
5. Jewellery, Furs, Clothing, Baggage and Personal Effects	£
(Please provide a full description of all items with an individual value in excess of £750)	
Mobile Phones	£
Video Cameras	£
Laptops	£
6 Contents of Fridges and/or Freezers	£
7. Pedal Cycles. Anywhere in the United Kingdom	
(Please give details of any items valued in excess of £750)	£
8. Personal Money	£
Credit Cards	£
a) United Kingdom/Continent of Europe / Worldwide (up to 60 days)	YES / NO
b) Worldwide	YES / NO

SECTION 9; ESTABLISHMENT BUILDINGS (Include non-recoverable VAT)

If more than one building is to be insured please supply details of additional buildings on a separate sheet.

	<u>Sum Insured</u>
A. Standard Construction of Brick / Stone with a Slate / Tile Roof	£
B. Non - Standard Construction (Other than A, C, D, E & G. Please give details)	£
.....	
.....	
.....	
C. Timber Construction (Excluding Thatched)	£
D. Thatched	£
E. Buildings Used for Hay or Straw Storage	£
F. Field Shelters	£
G. Walls, Gates and Fences	£
0	
H. Caravans / Mobile Homes (excluding underground services)	£
I. All Weather Gallops (Please note that if cover is required under this section you should complete the supplementary Gallop Proposal Form.)	£

Are any of the buildings to be insured (or any part) constructed of Combustible Composite Panels &/or Linings **YES / NO**
If YES Please provide full details of all tenants and their occupations

Are any of the Buildings to be Insured Open Sided or Open Fronted? **YES / NO**

Is any area of your property Sub Let to another party **YES / NO**

If YES Please provide full details of all tenants and their occupations

ESTABLISHMENTS CONTENTS

1.a) Office Equipment	£
b) Computers	£
c) Saddlery and Tack if not Insured under Section 12	£
d) All other contents of the premises other than as specified below or insured under Section 12:-	
i) Stored in the Open	£
ii) Stored in a Locked Building	£
2. Hay, Straw, Feeding Stuffs and Wood Shavings	£
3. Contents of Caravans / Mobile Homes	£
4. Farm Machinery and Tractors used within the premises only: -	
a) Stored in the Open	£
b) Stored in a Locked Building	£
5. Quad Bikes and the Like.	£

Please provide full details of the storage and security precautions in place when the vehicle is not in use

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SECTION 10: CONSEQUENTIAL LOSS

Maximum Indemnity Period – 12 Months
Annual Gross Profit / Annual revenue (Please delete as applicable) £

SECTION 11: BUSINESS MONEY

Do you require this cover? YES / NO

SECTION 12: PHYSICAL LOSS OR DAMAGE TO

A. Cups and Trophies £

B. Portable Jumps/Fences £

C. Marquees and Tentage £

D. Contents of Marquees and Tentage £

E. Public Address Equipment £

F. Saddlery and Tack, including Rugs and Clippers £

Is Saddlery and Tack kept in:

a) Private dwelling overnight YES / NO

b) Tack room overnight YES / NO

Please state amount in each tack room if more than one

Please note that the policy does not cover Saddlery and Tack belonging to other persons such as owners of livery horses.

G. Pony traps, Carts and Horse drawn Vehicles £
Do you require cover for Hire and Reward YES / NO

H. Horse Trailers £
Other Trailers (e.g. flat bed) £

Do you require cover for Hire and Reward YES / NO

SECTION 13: ACCIDENTAL BREAKAGE OF GLASS / SANITARY FITTING

Automatically included

SECTION 14: LIVESTOCK

Horses and Ponies (Premises Risks only Fire & Perils) £

Limit any one animal £

RISK INFORMATION

Are the Premises –

1. Regularly left unattended by day or night? YES / NO

2. In a good state of repair? YES / NO

3. In an area which is free from flooding and not in the vicinity of any rivers, streams or tidal waters? YES / NO

4. Free from signs of damage due to subsidence, landslip or heave and not in an area where there has been or is any evidence of damage by these causes. YES / NO

5. Free from any signs of external cracks, which might be attributable to settlement of foundations or movement of buildings? YES / NO

6. Being monitored or have ever been monitored for subsidence, landslip or heave; have they been the subject of an occurrence of subsidence, landslip or heave? YES / NO

7. In an area where there are no underground workings or proposed underground workings? YES / NO

If the Dwelling is a Flat

8. Is it self contained having its own separate lockable entrance under your control? YES / NO

9. On which floor is it situated?.....

10. Adjoining or in close proximity to any other neighbouring business premises YES / NO
If YES please state nature of trade.....

11. Is the property in your sole occupation YES / NO
If NO please state nature of business of other occupants.....

PROTECTION OF PRIVATE RESIDENCE / STAFF ACCOMMODATION

1. Types of locks on each external door.....

2. Type of window locks or catches on each accessible window.....

3. Details of burglar alarms.....

4. Details of Safe(s).....

5. Details of any other protections.....

PROTECTION OF TACK ROOM (S) – RIDING ESTABLISHMENT

1. Please advise construction of Walls.....Roof.....

2. Types of locks on each external door.....

3. a) Type of window protection.....

b) Type of fanlight or skylight protection (if applicable).....

4. Details of burglar alarm

Name of Alarm Company.....

Is the alarm connected to a central station YES / NO

Is the Company NSI (National Security Inspectorate) Approved YES / NO

Please supply a copy of the alarm specification for Underwriters retention in confidence

5. Details of any other protections.....

6. Please describe location of Tack room in relation to buildings occupied by the Assured

PREVIOUS HISTORY

1. Name of previous / current Insurers.....

2. Date of expiry of this policy.....

3. Has any Insurer
a. declined to accept YES / NO
b. cancelled YES / NO
c. refused to continue YES / NO
d. or agreed to continue only on special terms YES / NO

any Insurance for the proposer or any other person to whom this Insurance is to apply?

If YES please give details.....

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4.Has the Proposer, or any other person whose property is to be Insured hereunder, sustained any loss or damage during the last six years which would have been covered by this type of Insurance had it been in force? YES / NO

IF YES state

- a. Approximate date of each loss or damage.....
- b. Circumstances and amount thereof.....
- c. With whom the property was insured.....
- d. What additional precautions have been undertaken to prevent recurrence.....

5.Have you or any director of partner ever been convicted of or is any prosecution pending for any offence involving

- a.arson YES / NO
- b.criminal deception YES / NO
- c.fraud YES / NO
- d.forgery YES / NO
- e.theft YES / NO
- f. robbery YES / NO
- g.handling stolen goods YES / NO
- h.any crime of violence YES / NO
- i. any other offence against property? YES / NO

If YES please give details.....
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5. Has the Proposer, or any other person whose property is to be Insured hereunder ever been declared bankrupt, had a company go into liquidation, become insolvent or made arrangements with creditors. YES/NO

If YES please give details.....
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Important Notice - Information we need to know about

The information you have provided in this form contains statements upon which Underwriters will rely when deciding whether to accept this insurance and the terms on which it may be offered, including the amount of premium payable. Should a contract be concluded this proposal will form the basis of the insurance.

If you are in any doubt at all regarding any of the answers you have given, you should ask your broker

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. I understand that non-disclosure or misrepresentation of any of the answers given may entitle Underwriters to:

- cancel my policy and refuse to pay any claim, or
- not pay any claim in full, or
- revise the premium and/or change any excess, or
- revise the extent of cover or terms of this insurance.

Signature of Proposer

Date

...../...../.....