

Farriers

PROPOSAL FOR LIABILITY INSURANCE

Public Liability

- Provides cover against Bodily Injury to third parties or Damage to third party property.
- There are three limits of cover available
 - £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

The Public Liability cover provided by this policy does not include riding instruction of any kind unless you choose to include cover for freelance instruction.

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 2323Email:ask@kbis.co.uk

PROPOSER'S DETAILS

| Name of Proposer: | |
|--|---|
| Correspondence Address: | |
| | |
| | |
| | |
| Post Code | |
| | |
| Business Name: | |
| Business Address: | |
| | |
| | |
| | |
| Business Post Code | |
| Contact Tel. Number | |
| Contact Tel. Number | |
| Email | |
| | |
| Business Description: | |
| | |
| | |
| Is your turn over (please tic | k as appropriate): |
| Between £0 and £2,000,00 | 00 Between £2,000,000 and £6,500,000 Above £6,500,000 |
| KBIS Members Club | |
| members access to our lat our in-house vet via our em consent and will not share | a the opportunity to opt in to our KBIS Members Club which is free of charge and allows test competitions, offers and products along with useful information about horse care from ail newsletter. KBIS Members Club will only communicate with you by email with your explicit your data with anyone else. If at a later date you do not want to receive our newsletter you Further details including how to cancel your membership of the KBIS Members Club are licy and on our website. |
| Mould you like to join the K | |

| | | | INU | |
|---|-------------|-----|-----|--|
| YO | UR BUSINESS | | | |
| Are you a qualified farrier? | | Yes | No | |
| Are you a registered farrier with the Farrier's Registration Council? | | | No | |
| Are you a member of NAFBAE? | | Yes | No | |
| Are you a member of BABA? | | Yes | No | |
| | | | | |

| 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 | | |
| GENERAL QUESTIONS | | | | | |
| | | | | | |
| 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 | s below (fu | irther s | space | |
| overleaf): | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| EMPLOYERS LIABILITY (Limit of Indemnity £10,0 | 00 00 | 0) | | | |
| Please indicate total number of employees on premises at any one time, includin experience and those paid in kind, e.g. free board/lodgings, meals, horse riding i | g part | -time work | kers, s | tudents, wor | k |
| 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 no Number. | t have | an Emplo | oyer's | ⊐ Reference | |
| PUBLIC LIABILITY Please tick the Limit of Indemnity required: | | | | | |
| £2,000,000 £5,000,000 | | | | | |
| | Vee | | NLa | | |
| Do you carry out work away from the premises? If Yes please give details: | Yes | | No | | |
| | | | | | |
| | | | | | |
| 2. Does your 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 the approximate turnover (if any) from USA and Canada | | | | |
| 5. Do you or your employees install your own products away from your pre- | nises? | | | |
| If YES, please give full details | Yes | No | | |
| | | | | |
| 6. Do you or your employees install other people's products away from you | r premises? | | | |
| If YES, please give full details | Yes | No | | |
| | | | | |
| 7. Will you or your employees undertake work that involves any constructio | | | | |
| If YES, please give full details including any previous experience | Yes | No | | |
| | | | | |
| 8. Will you or your employees undertake work above ten metres in height fr | om the ground | level | | |
| If YES, please give full details including any previous experience | Yes | No | | |
| | | | | |
| 9. Do you or your employees carry out work that will involve the use of scaf | folding? | | | |
| If YES, please give full details including any previous experience | Yes | No | | |
| | | | | |

CUSTODIAL LIABILITY

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 a | advise the | e Limit of Indem | nity you require: | | |
|--------------------------|-------------|------------------|-------------------|-----------|--|
| | £10,000 | | £50,000 | £1Million | |
| Please advise the percer | ntage of ti | ime you spend | working on Blood | dstock: | |
| | 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

 Name
 Date

 On behalf of
 Date

 Date cover to commence :
 Date