

Freelance Riders
Freelance Grooms
Freelance Riding Instructors

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
 - o £1,000,000
 - o £2,000,000
 - o £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). Cover is included up to £10,000 per horse, £100,000 in the policy period.

GUIDELINES

Care, Custody or Control Insurance does not cover any horse/pony belonging to the Insured

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

You are required under the Employers Liability (Compulsory Insurance) Act 1969 to hold a current Employers Liability insurance for any person working on your behalf, be they part time, full time, training, casual, unpaid or paid in kind (e.g. free use of horses etc.)

PROPOSER'S DETAILS

Name of Proposer:										
Correspondence Address:										
Post Code					\neg					
Fost Code										
					7					
Contact Tel. Number										
Ĭ										
Email										
Business Description:										
Is your turn over (please tic	:k as approp	riate):								
		,	00 000 00	0 100 50	[\neg	A 1	00.50		
Between £0 and £2,000,00	0 🗀	Between	£2,000,00	0 and £6,50	0,000 [Above	£6,50	0,000	
KBIS Members Club										
We would like to offer you to members access to our late our in-house vet via our em explicit consent and will not newsletter you can opt out Members Club are contained	est competiti nail newslette t share your at any time.	ions, offers er. KBIS Me data with a Further det	and produ embers Cla Inyone elsa tails includ	ucts along wi ub will only c e. If at a late ling how to c	th useful communi r date yo	l inform cate w ou do n	nation ab ith you b ot want t	out ho y emai o rece	rse care il with yo ive our	from
Would you like to join the K	'RIS Membe	rs Club?				Yes		No		
vvodia you like to join the N	.DIO IVIEITIDE					163		NO		
			NERAL Q	<u>UESTIONS</u>						
In connection with an a) Have you or any Insurance declined and conditions imp	partner in b I, renewal re	ousiness wit fused, cove				Yes		No		
b) Has any inciden or damage to prope					ily injury	Yes		No		
If the answer to 2a) or 2b) abov	/e is "YES".	. please pr	ovide full de	tails and	l dates	below (fi	urther	space	
overleaf):	, ===, ===,	,	,				(10		-	
, <u> </u>										

YOUR BUSINESS

Which of the following activities do you carry out as part of your work?						
Grooming Riding Competing	Coad	ching/Inst	ructing			
Do you break and train horses on behalf of your clients?	Yes		No			
If yes are they at livery with you	Yes		No			
Do you require a quote for your livery business?	Yes		No			
How many horses/ponies do you own?						
Do you offer clipping as part of your grooming services?	Yes		No			
If you coach/instruct, do you instruct on your own horses or those in you	ur care? Yes		No			
Do you travel outside of Great Britain, Northern Ireland, Isle of Man or the Channel Islands in connection with your work? If yes please tell us where you travel and how often:	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			
PUBLIC LIABILITY						
Please tick the Limit of Indemnity required:						
£1,000,000 £2,000,000 £5,000,000						
1. Do you have any equestrian qualifications?	Yes		No			
If yes please state what qualifications you have						
If no please give full details of your equestrian experience					1	
2. Do you hold a current First Aid Certificate?	Yes		No			
EMPLOYERS LIABILITY (Limit of Indem	nity £10,000,00	<u>)(O)</u>				
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						
1. Total number of employees:						
What activities do your employees carry out?						

2. Do you operate a staff training programme?	Yes No
3. 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.

PROPOSERS DECLARATION

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.

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. 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.

Date cover to commend	ce :		
On behalf of		Date	
Name			
Signature of Proposer			