

**FARRIERS & BLACKSMITHS – COMMERCIAL COMBINED INSURANCE
PROPOSAL FORM**

Proposer`s Name:.....

Trading Name:.....

Address of Premises

To be Insured:.....

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

E Mail:.....

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

Full Description of

Business Activities:.....

Are you a member of NAFBAE? YES / NO

Are you a member of BABA? YES / NO

MATERIAL DAMAGE SECTION

BUILDINGS & CONTENTS

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

1. BUILDING (S) **Sum Insured**

Standard Construction

(Brick/Stone/Concrete with a Slate/Tile/Concrete/Metal Roof) £

(b) Non Standard Construction other than a. (Please provide full details below) £

2. CONTENTS

General Contents excluding Computer Equipment £

Stock excluding yellow non-ferrous metal £

Stock of yellow non-ferrous metal £

Computer Equipment £

Mobile Telephones £

3. CONSEQUENTIAL LOSS – LOSS OF GROSS PROFIT

Annual Gross Profit £

Maximum Indemnity Period - 12 Months

Does a recognised Accountant audit your books annually? YES / NO

4. BUSINESS MONEY

This Policy automatically includes the following limits: -

In an unspecified Locked Safe £2,500 £

Out of safe during Business Hours £2,500 £

Out of safe out of Business Hours £100 £

In Transit £2,500 £

Please show alternative limits if these are not sufficient

RISK INFORMATION

The Premises

Are the Premises

- 1. In a good state of repair? YES / NO
- 2. Clean and tidy with waste swept and removed daily YES / NO
- 3. Do you have non fixed or portable heating using LPG, Paraffin or waste oil YES / NO
- 4. In an area which is free from flooding and not in the vicinity of any rivers, streams or tidal waters? YES / NO
- 5. 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
- 6. Free from any signs of external cracks, which might be attributable to settlement of foundations or movement of buildings? YES / NO
- 7. 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
- 8. In an area where there are no underground workings or proposed underground workings? YES / NO

PROTECTIONS

The policy requires the following Minimum Security Standards: -

External Doors

- a) Must be secured by a 5 lever mortice dead lock conforming to BS3621
or
- b) locking bars secured by a 5 lever close shackle padlock
or
- c) aluminium framed door secured by mortice locks with either a swing bolt-action and minimum throw of 25mm or a hook bolt action with a minimum throw of 20mm

Additionally for any double leaf doors, the first closing leaf must be secured by bolts top and bottom shooting into the frame and floor

Windows

- a) all accessible external windows (including fanlights) are to be fitted with key operated locks or barred internally by steel bars secured to the fabric of the buildings
- b) glass in louvre windows fixed to metal runners with contact adhesive

Do all of your Buildings comply with the Minimum Security Standards as shown above YES / NO

If not please advise why

.....
.....

Burglar Alarm

If the premises to be Insured is fitted with an Intruder Alarm System please provide the following information: -

- a) Name of Alarm Company.....
- b) Model Number.....
- c) Is the alarm connected to a central station YES / NO
- d) Is the Company NACOSS Approved YES / NO

Your Business Vehicle

- a) Please provide full details of your vehicles security including alarms, immobilisers etc

.....

FIRE SAFETY PRECAUTIONS

- 1. Please advise the distance of the Property to be Insured from your nearest Fire StationMiles
- 2. Have you approached your Local Fire Precaution Officer regarding advices on fire prevention? YES / NO
- 3. If NO are you willing to do so. YES / NO
- 4. Please advise details of fire extinguishers and / or hoses on site YES / NO

.....
.....

LIABILITY SECTION

EMPLOYERS LIABILITY

1. Please advise how many employees / apprentices you have.....

PUBLIC / PRODUCTS LIABILITY

Please advise the Limit of Indemnity you require £2Million £5Million

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%

GOODS IN TRANSIT SECTION

What is the value of the goods and tools contained within your Van? £.....

How many Vans do you operate?.....

Excess: £250 increasing to £500 for losses happening outside business hours where the value of property exceeds £2,500

Vehicle Protection: If tools and equipment are left in your van outside normal working hours cover is restricted to £2,500 unless the Van is alarmed and immobilised or kept in a locked garage or compound

PREVIOUS INSURANCE HISTORY

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

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

3. Has any Insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any Insurance for the proposer or any other person to whom this Insurance is to apply? YES / NO
If YES please give details.....

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 person residing with you, ever been convicted of arson or any Offence-involving dishonesty, e.g. fraud, theft or handling stolen goods? YES / NO

In connection with any Liability insurance,

1. Has any incident occurred over the past five years involving bodily injury or damage to third party property, whether a claim was made or not? YES/NO
If the answer to 1) above is 'YES', please provide full details and dates below:

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 and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the Insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters: If you are in any doubt as to what constitutes a material fact your should consult KBIS British Equestrian Insurance)

I understand that the signing of this proposal does not bind me to complete the Insurance but agree that should a contract of Insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Signature of Proposer.....Date.....

Risk to commence.....