

Our Reference: «PY\_NO»

**KBIS BRITISH EQUESTRIAN INSURANCE**  
**HORSE RIDES AT FETES LIABILITY PROPOSAL FORM**

Cullimore House, Peasemore, Newbury, Berks, RG20 7JN Phone 01635 247474, Fax 01635 248660

**PROPOSER: Please amend detail if incorrect and complete form confirming cover required**

**THIS FORM MUST BE COMPLETED IN FULL,**  
**IF THE ANSWER TO ANY QUESTION IS 'NONE' PLEASE STATE 'NONE.'**

Day time Telephone No:

Home Telephone No:

Mobile No:

**Proposer's Details**

Name: (Mr/Mrs/Miss) .....

Address: .....

.....

.....Postcode: .....

Occupation: .....

Date of Birth: ...../...../.....

**Cover Options**

**Employers' Liability Insurance**

*Please note if you have employees who are paid it is mandatory that you purchase employers' liability insurance under the Employers' Liability (Compulsory Insurance) Act 1969. If you have voluntary, un-paid staff or staff who are paid in kind you are not obliged to insure for Employers' Liability, however they may still bring an employers' liability claim against you in the event of bodily injury or disease contracted during the period of their work due to your negligence.*

Employers Liability Limit of Indemnity: £10,000,000

Number of Employees:

**Public/Products Liability Insurance**

Please Indicate Which Limit of Indemnity you require: £1,000,000  £2,000,000  £5,000,000

**Activity Details**

Date of Event: ...../...../..... Or Annual Risk

Number of Horses used: .....

Are all riders led 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.**

Please give details of experience of all people who are involved in this activity:

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**Proposer's Declaration and Claims History Information**

**STATEMENT OF DEMANDS AND NEEDS:** This policy meets my demands and needs as an attraction organiser who wishes to fulfill their insurance requirements in respect of Public & Employers' Liability both now and in the future. I confirm the above cover is as required Yes  No

Has any proposal for insurance, or renewal of a policy, in respect of any equestrian or liability insurance been declined? Yes  No

Have any incidents occurred involving injury to an employee, third party or damage to their property, which has not been reported to Kbis British Equestrian Insurance? Yes  No

i.) If 'Yes' please give date and full details of incident:

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I the undersigned hereby declare that the information provided in this document to the best of my knowledge and belief is true and accurate and that I have withheld no material information to this Proposal whether the subject of a Proposal form question or not.

I declare that if such statements and particulars are in the writing of any other person other than the undersigned such person shall be deemed to have been my agent for the purpose of filling in the same and I agree to accept and conform to the terms of the policy when issued

Data Protection Act 1998- I hereby consent to any information you may have about me being processed by you for the purpose of providing insurance and claims handling, which may necessitate your providing such information to third parties.

Signature of Proposer: ..... Date: ...../...../.....

**IMPORTANT NOTICE**

THE PROPOSAL SHOULD BE COMPLETED TO THE BEST OF YOUR KNOWLEDGE AND BELIEF AND ALL MATERIAL FACTS DISCLOSED. FAILURE TO DO SO MAY NULLIFY COVER. (A MATERIAL FACT IS ON THAT IS LIKELY TO INFLUENCE THE UNDERWRITER'S ACCEPTANCE OF THE PROPOSAL. PLEASE CONSULT KBIS BRITISH EQUESTRIAN INSURANCE IF YOU ARE IN ANY DOUBT AS TO WHETHER INFORMATION MUST BE DISCLOSED). IMMEDIATE NOTICE MUST BE GIVEN TO KBIS BRITISH EQUESTRIAN INSURANCE OF ANY CHANGE IN DETAILS PROVIDED BY YOU IN THIS PROPOSAL.

A SPECIMEN COPY OF POLICY WORDING IS AVAILABLE ON REQUEST

INSURERS AND THEIR AGENTS SHARE INFORMATION WITH EACH OTHER TO PREVENT FRAUDULENT CLAIMS AND FOR UNDERWRITING PURPOSES VIA THE CLAIMS AND UNDERWRITING EXCHANGE REGISTER, OPERATED BY INSURANCE DATABASE SERVICES LTD. IN DEALING WITH YOUR APPLICATION WE MAY SEARCH THIS REGISTER. IN THE EVENT OF A CLAIM, THE INFORMATION YOU SUPPLY ON THIS FORM ON THE CLAIM FORM, TOGETHER WITH OTHER INFORMATION RELATING TO THE CLAIM, WILL BE PROVIDED TO THE PARTICIPANTS.

**ADDITIONAL INFORMATION**

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