

HORSE TRANSPORTERS

PUBLIC/EMPLOYERS LIABILITY PROPOSAL

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Name of Proposer		
Address		
Tel No	Fax No	
Full description of business activiti	es	
Number of Horseboxes a. Trailers		
b. Moto	rised	
Please state maximum number of horses in each		
Estimated number of trips per week		
Geographical area covered		
Give details of stabling provided	Number of boxes	
	Location	
Estimated annual turnover		£
Public Liability - Limit of Indemnity		£1,000,000/£2,000,000/£5,000,000
Number of Employees		
Estimated annual wages		
Employers Liability has standard li	mit of £10,000,000	
Have any incidents occurred in the a claim in respect of Public or Emp		ave or could have resulted in YES/NO
Date to commence		
Signature of Proposer		Date
NB: This policy does not give co		I liability for injury to or death of horses in

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