

Sydney

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Brisbane

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EQUINE BROADFORM LIABILITY PROPOSAL

Period of Insurance to At 4.00pm

Important Notices

YOUR DUTY OF DISCLOSURE

Before You enter into a contract of general insurance with an Insurer, You have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that You know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before You renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:-

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that Your Insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with Your duty is waived by the Insurer.

NON DISCLOSURE

If You fail to comply with Your duty of disclosure, the Insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If Your non disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

PREVENTING OUR RIGHT OF RECOVERY

Where another person is liable to compensate You for any loss, damage or liability which is covered by this Policy but You have agreed not to seek recovery of any monies from that person, we will not cover You under this policy for that loss, damage or liability.

PRIVACY

We are committed to protecting Your privacy. We only use the personal information You give us to quote on and insure Your risks. We only give personal information to:

- our underwriters (and their representatives);
- our reinsurers (and their representatives); and
- people we appoint to assist us with any claims under Your policy.

We will not trade, sell or rent Your information.

If You don't give us complete information, we cannot properly quote for Your insurance and we cannot insure You. You can check the personal information we hold about You at any time.

If You give us personal information about anyone else, we rely on You to notify them:

- that You will give Your information to us;
- to whom we may give the information;
- the purposes for which we will use the information; and
- that they can access the information.

If the information You give us about someone else is sensitive, we rely on You to obtain their consent to disclosing it to us for the uses, and disclosure to the parties, we refer to in this statement.

For a full statement of our Privacy Policy, ask for a copy.

Name of Insured
(incl. all Subsidiary Companies)

Postal Address

Suburb / City

State

Postcode

ABN

Taxable (GST Input)

 %

Your Contact Details	Name			
	Private Phone	()	Business Phone	()
	Facsimile	()	Mobile	
	Email			

Website: **Years in Business**

Business Premises

1.	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
2.	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
3.	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
4.	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
5.	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

Interested Parties

Above Parties Interest

Limit of Liability Required

\$

Additional Covers:

Yes No Criminal Defence Expenses Yes No Workcover Defence Expenses

Please describe Your Business Activities

Operation Hours / Days

Underwriting Information

Please provide Your actual total Turnover for the previous Period of Insurance.

\$

Please provide Your estimated total Turnover for the coming Period of Insurance.

\$

Please provide details of Your estimated Turnover as a percentage per State.

ACT	%	NSW	%	NT	%	QLD	%
SA	%	TAS	%	VIC	%	WA	%

Do You sell or distribute any products? If Yes, please complete the Products module Questionnaire.

Yes No

Does the Insured operate as a Corporation, Partnership, Joint Venture, Sole Trader or Association?

Please advise:

Number of Employees	<input type="text"/>
Number of Members	<input type="text"/>
Number of Volunteers	<input type="text"/>

In respect of Your experience, please advise:

Number of years Instructing	<input type="text"/>
Number of years Operating this type of Business	<input type="text"/>

Do You operate 12 months of the Year?

Yes No

If No, please provide details.

Do You utilise the services of contractors/ subcontractors?

Yes No

If Yes, what services do they provide?

What are the estimated payments to contractors/ sub contractors?

\$

- Do You keep and maintain a written record of their Public Liability insurance? (This should carry a minimum limit of \$10,000,000 with an authorised Insurer.) Yes No
- Do Your Riders provide their own Horses? Yes No
- Do Your Riders provide their own Equipment? Yes No
- Do You ensure that Australian/New Zealand Standard approved helmets are worn by Riders at all times? Yes No
- Do You undertake a pre-check programme and keep a written log of same? Yes No
- Do You have a written maintenance and service programme and keep a log of same? Yes No
- Do You keep and maintain an incident report procedure and log? Yes No
- Are all Participants trained in safety procedures? Yes No
- Do You have a written Risk Management programme? Yes No
- Do You have the appropriate current accreditation in Risk Management and Occupational Health and Safety? Yes No
- Do You ensure that persons who are under the influence of alcohol are prevented from participating? Yes No
- Do You provide babysitting or child minding services? Yes No
- Do You and all of Your employees, contractors and subcontractors comply with relevant Child Protection Legislation? Yes No
- Do You have suitable first aid equipment? Yes No
- Are personnel appropriately trained in its application? Yes No
- Are all persons made aware of the dangers before participating? Yes No
- Do You ensure that disclaimers are signed prior to participation? Yes No

What percentage of Your Business is involved in:

Horse drawn vehicle	%	Please complete Module 1
Agistment	%	Please complete Module 2
Tuition/Instruction	%	Please complete Module 3
Horse Riding School	%	Please complete Module 3
Trail Riding	%	Please complete Module 3
Gymkana	%	Please complete Module 4
Pony Rides	%	Please complete Module 5
Accommodation	%	Please complete Module 6
Rural activities	%	Please complete Module 6
Rodeo Events	%	Please complete Module 4
Property Owner	%	Please complete Module 6
Other: _____	%	Please complete Module 6

Module 1 - Horse & Cart Operators

Is the Passenger Conveyance:

On Tracks? Yes No

Steered by Driver? Yes No

Is the Passenger Conveyance:

Controlled by You? Yes No

Controlled by Passengers? Yes No

What is the maximum speed of the Passenger Conveyance?

What is the maximum number of Passengers per any one Conveyance?

	Name	Experience	Certification
In respect of the Operators, please advise:			

Do all carts and carriages have independent breaking mechanisms? Yes No

Module 2 - Agistment

Please provide details of the number of Horses You own.

Please provide details of the number of Horses You are responsible for.

Please provide details of the number of Horses stabled at Your premises.

What is the maximum value of all Horses not owned by You, but in Your physical or legal control at any one time?

Module 3 - Horse Riding Instructor & Horse Riding School & Trail Riding

For the Period of Insurance, please advise:	Number of Horses	<input type="text"/>
	Number of Instructors	<input type="text"/>
	Number of Riders (Average per week)	<input type="text"/>

Please provide details of the percentage of Horses provided by the Establishment. %

Do You require cover for Instructors? Yes No

Are all Instructors appropriately accredited? Yes No

	Name	Riding Experience	Instruction Experience
In respect of the Riding School Staff, please advise:			

Is the teaching area enclosed? Yes No

Is all Riding equipment (saddles, harnesses, stirrups, helmets etc) regularly checked and maintained? Yes No

Please provide details of the minimum age of students you provide tuition to.

Are visitors/students permitted to use horses without instruction or guidance? Yes No

Do You ascertain the experience of individual Riders and select the horse appropriate to their skill level? Yes No

For Horse Riding Schools, please advise if You operate a clinic and/or camps? Yes No

If Yes, please provide details.

For Horse Riding Schools, Does the ratio of Instructors to Riders ever exceed 1:8? Yes No

For Trail Rides, Does the ratio of Instructors to Riders ever exceed 1:5? Yes No

Average number of Horses at any one time	
Average number of Rides per week	
Is overnight camping included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are Trails checked for hazards before the Ride?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are two-way radios carried at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No

In respect of Trail Riding, please advise:

Module 4 - Gymkana & Rodeo

Do You require cover for Set Up and Pull Down? Yes No

If Yes, please provide details.

Please provide details of the approximate number of Attendees.

Do You have security personnel on site? Yes No

Are You providing Live Entertainment? Yes No

If Yes, please provide details.

Is this a one off event? Yes No

If Yes, please advise the date of the Event.

If No, please advise the number of Events for the Period of Insurance.

Do You have an active Emergency Evacuation plan? Yes No

Module 5 - Pony Rides

Is there always at least one Adult supervisor per animal? Yes No

Are all Ponies appropriately tethered to a fixed object whilst not being ridden? Yes No

Is a step or similar means of mounting the Pony always available? Yes No

In the event of a Parent being permitted to lead their own Child within an enclosed area, are they appropriately briefed on their requirements as a "lead person"? Yes No

Are all Horses miniature? Yes No

Module 6 - Accommodation & Rural Activities & Property Owner & Other

Accommodation:

Please provide details of the type of Accommodation you provide (i.e. Short Term, Long Term, Permanent)

Please provide details of the number of Rooms and Beds.

Please provide details of any:

Swimming Pools	<input style="width: 100%;" type="text"/>
Sporting facilities	<input style="width: 100%;" type="text"/>
Amusement facilities	<input style="width: 100%;" type="text"/>
Children's Playgrounds	<input style="width: 100%;" type="text"/>
Tennis/Squash/Basketball Courts etc	<input style="width: 100%;" type="text"/>
Trampoline	<input style="width: 100%;" type="text"/>
Other: _____	<input style="width: 100%;" type="text"/>

Rural Activities:

Please describe all Rural Activities undertaken.

Property Owner:

Please list all Properties owned (including address):

Other:

Please describe all Other activities.

Insurance Declaration and Claims History

Your Current Insurer

Expiry Date

Have You or any other party noted as the Named Insured ever had insurance refused or cancelled or has any Insurer ever imposed special terms, conditions or restrictions on Your policies?

Yes No

If "Yes", please provide full details (if insufficient room continue on a separate sheet)

Detail all insurance claims made in the last five years. Please include dates and amounts (if insufficient room continue on a separate sheet)

Are You aware of any uninsured losses or unreported incidents that may give rise to a claim? (if insufficient room continue on a separate sheet)

- a) Has there been, or is there now pending, any action, litigation or other proceedings (Criminal or Civil) against any proposed Insured Person, in their capacity as a director, officer, secretary, board or committee member or employee of either the Named Insured or any other company, organisation, association or trust? Yes No
- b) Has there been or is there now pending any investigation, examination, inquiry or other proceedings in relation to the affairs of the Named Insured? Yes No
- c) Do any circumstances exist that may give rise to any event described under a) or b) above? Yes No
- d) Have You or any partner(s), board or committee member(s) of the business ever been declared bankrupt? Yes No
- e) Have You or any partner(s), board or committee member(s) of the business ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)? Yes No

If You have answered "Yes" to part a), b), c), d) or e) above, please supply details.

Please check Your proposal carefully before signing the declaration below. This is especially important if the proposal is not completed in Your own handwriting.

Declaration

I acknowledge that:

- 1) I have read and understood the Important Information set out in the Proposal and I/we are authorised to make this proposal.
- 2) All information given on this Proposal and any attachment is true and correct.
- 3) The insurance contract will not commence until the premium is paid.
- 4) The Insurer reserves the right to vary the premium and/or the policy terms and conditions on receipt of the completed proposal form.
- 5) Up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform Altiora Insurance Solutions of any change in the particulars or statements contained in this proposal or in any attachments.
- 6) Although the signing of this proposal does not bind the Insurer or the Applicants to effect insurance, the Applicants acknowledge that the particulars and statements contained in this proposal and in the attachments shall be the basis of the contract should a policy be issued.
- 7) The Proposal and attachments will be incorporated in the Policy.

I/We declare that the above answers are true to the best of My/Our knowledge and belief and that all material facts which may affect the assessment of the risk have been disclosed.

I/We agree that this proposal is for insurance in the standard terms and conditions of the Insurer's policy and will be the basis of the contract.

Your Signature:

Your Name:

Date:

Your Title: