

EQUINE LIABILITY PROPOSAL FORM



Important Information

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 an 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 these matters to an Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of any matter:

- That diminishes the risk to be Insured;
- That is of common knowledge;
- That the Insurer knows or in the ordinary course of their business they ought to know;
- That the Insurer indicates to you that they do not want to know.

Your duty of disclosure continues after this proposal form has been completed up until the contract of insurance is entered into.

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the policy 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.

Change of Circumstances

You should advise your Insurer as soon as practicable of any material change to the organisation insured and any of its subsidiaries and controlled entities as disclosed in this proposal form.

Code of Practice & Privacy Act

Gow-Gates Insurance Brokers Pty limited proudly support the Insurance Brokers Code of Practice, and are committed to raising standards of service to our customers. This voluntary code sets out the minimum standards we will uphold in the services we provide to you. The Privacy Act sets out how we are to collect, use, disclose and protect your personal information. It also describes the circumstances for you to access and, if necessary, correct your personal information. You may access your personal information by contacting our office on 02 8267 9999. The information we collect is used to assist us to provide you with our general insurance products and to manage our relationship with you. If you do not wish to provide us with your personal information, we will not be able to supply our products to you.

Please ensure you have read the Product Disclosure Statement before making a decision about this insurance.

General Information

Your Name:	
Business Name:	
Address:	
Email:	
Phone:	
Mobile:	
Website:	
ABN:	
1. Are you a member of Equestrian Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you a member of Pony Club Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you a member of any other equine associations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. If yes, please provide details:	
4. How long has your business been in operation?	
5. Do you currently hold insurance for your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Insurer:	ii. Renewal Date:
6. Please detail your equine experience below, including details of relevant equine qualifications.	
7. Has any incident occurred in the past 5 years involving third party bodily injury or property damage, whether a claim was made or not?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has any incident occurred in the past 5 years involving the death, illness or injury to a Horse in your care custody or control, whether a claim was made or not?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has any incident occurred in the past 5 years involving financial loss resulting from a wrongful professional act, error or omission, whether a claim was made or not?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you, or any partner in business with you, had any proposal for insurance declined, renewal refused, cover terminated or special terms or conditions imposed by any Insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, please provide details.	

Risk Management and Safety

To assist Insurers with considering your insurance proposal, please send through as much supporting documentation relating to your risk management as possible when returning this proposal, including copies of any of the below.

1. Do you have an Accident Report Book and is it maintained regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do your clients wear helmets to Australian Standards whilst riding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you provide and / or fit helmets for your clients use before riding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do your clients wear appropriate footwear and clothing whilst undertaking equine activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are liability waivers signed by your clients before undertaking equine activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you, your staff or your volunteers First Aid qualified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have written risk management procedures in place for your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no to any of the above, please further explain why and how you manage risk within your business.	
8. Do you, your staff or your volunteers use unregistered vehicles or machinery to conduct their duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is yes, please advise:	
i. What vehicles or machinery are used?	
ii. What training do you provide?	
iii. What risk management is in place to avoid accidents?	
9. Do you operate your insured activities from your own property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you require the inclusion of Property Owners and Occupiers insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Would you like us to audit your Farm Property insurance for your Buildings, Contents, Machinery and Equipment etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to the above, please send through your current property schedule, which will allow us to take as much information as possible and we will revert back to you requesting the further information needed for us to source a formal quotation.

Staff and Turnover

1. What is your annual expected turnover derived from your insured activities, for the:	
i. Previous 12 months:	ii. Upcoming 12 months:
2. Do you engage any labour hire, contractors or sub-contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above, please describe the nature of the work performed.	
3. What are your estimated annual payments to contractors and sub-contractors?	
i. Do you identify the existence of liability insurance held by contractors / sub-contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Are you always named as a principal on contractors / sub-contractors liability policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. How many staff do you employ?	
5. What is your annual wage roll?	
6. Do you engage any volunteers within your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the activities undertaken by these volunteers.	
i. How many volunteers do you engage?	
ii. What is the age range of volunteers you engage?	

Stamp Duty Exemptions

Small businesses with an annual turnover of less than \$2,000,000 may be exempt from paying NSW stamp duty on certain types of insurance including Public & Products Liability and Professional Indemnity insurance. For more information and to confirm eligibility to claim an exemption please visit the Insurance Duty page at www.revenue.nsw.gov.au.

If further clarification is required you should contact your tax adviser.

1. Are you eligible for the NSW Stamp Duty Exemption for Small Businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you eligible for any other Stamp Duty exemptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide further details and include supporting documentation.	

Please note an additional signed Declaration will be required in the event a policy is bound.

Insured Activities

*Please list all activities to be insured under this policy, including the percentage split of turnover per activity.
Please note, failure to advise insurers of all activities may result in those undeclared activities not being covered.*

Activity	% of Turnover	Activity	% of Turnover
Agistment and Spelling		Freelance Coaching	
Training and Breaking		Riding School	
Competing Horses		Trail Riding	
Buying and Selling Horses		Equine Assisted Learning	
Ground and Facility Hire (Equestrian Use)		Ground and Facility Hire (Non-Equestrian Use)	
Equestrian Clinics		Breeding	
Horse Transportation		Horse-Drawn Vehicles	
Farriery		Dentistry	
Pony Rides		Pony Parties	
Riding Club		Accommodation / Camping	
Livestock Grazing		Events / Shows	
Clipping / Grooming		Saddle Fitting	
Massage Therapy		Float Hire	
Course Design		Course Building	

Please list all other activities to be insured below, including the % of your annual turnover.

*Please list additional activities you undertake below, that you do not require insurance for under this policy.
Please advise whether they are insured elsewhere or whether you are choosing not to insure them.
i.e. Coaching, as insured through the Equestrian Australia National Insurance Programme.*

Policy Coverage

Public and Products Liability	Care, Custody & Control	Errors & Omissions
Included	Optional Extension	Optional Extension
The policy would cover your legal liability to pay damages for bodily injury and/or property damage to third parties arising from the activities declared to underwriters and detailed in the policy Schedule. This policy also covers costs incurred in representing you and/or defending such action against you.	This extension provides cover for your legal liability for causing death, injury or illness to any of the horses in your care, custody or control.	This extension provides cover in respect of a claim for financial loss solely and directly attributable to any negligent act, error or omission committed or alleged to have been committed by or on behalf of the Insured.

The Care, Custody & Control and Errors & Omissions are available at various limits detailed below. Please select which limit you require.

Care, Custody & Control		Errors & Omissions	
\$25,000 any one horse	<input type="checkbox"/>	\$1,000,000 in all	<input type="checkbox"/>
\$50,000 any one horse	<input type="checkbox"/>	\$2,000,000 in all	<input type="checkbox"/>
\$100,000 any one horse	<input type="checkbox"/>	\$5,000,000 in all	<input type="checkbox"/>
\$250,000 any one horse	<input type="checkbox"/>		

If you require higher limits for either extension, please advise what limits you require.

Declaration

- I/we declare that the answers given and statements made are to the best of my/our knowledge, true and correct and that I/we have not withheld any information likely to affect the acceptance of this declaration or the terms on which it is accepted.
- I/we further acknowledge that all/part of this proposal may not have been completed in our own hand and that I/we have carefully read this proposal and confirm that all the answers given are true and correct and should be taken as having been completed by ourselves.

Signature:	
Name:	
Position:	
Date:	

Farriery

1. What types of horses are you shoeing?

i. Leisure horses?

Yes No

ii. Sports horses?

Yes No

iii. Race horses?

Yes No

2. What is the maximum value of any one horse you will be shoeing?

3. How many horses will you be shoeing per month?

4. Do you conduct sessions on your property or client's properties?

5. What is your annual turnover derived from your farriery?

6. Do you use hot, cold and/or remedial or corrective shoeing? Please provide detail below.

7. If you apply remedial or corrective shoeing do you apply this on the advice of a vet or make your own diagnosis?
Please provide detail below.

8. Please detail your farriery experience and any accreditations / qualifications below.

Personal Accident and Income Protection

1. Date of Birth:	
2. Occupation:	
3. Are you self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Weekly Income benefit (max \$3,500):	
5. Capital Benefit lump sum (\$250,000):	
6. Benefit Period (26, 52 or 104 weeks):	
7. Are you exempt from GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you exempt from Stamp Duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No

- **Capital Benefit:** A 'capital benefit' is a lump sum paid to you under the policy in the event you suffer a permanent injury or accidental death. The maximum limit available is \$250,000.
- **Benefit Period:** This is the maximum period of time that you could potentially receive a benefit for each individual claim. Typically, a shorter benefit period will result in a lower premium.
- **Waiting Period:** This is the time period you would have to be off work before the policy would start to pay a benefit. Typically, a longer waiting period will result in a lower premium.

9. Please indicate which type of cover you are looking for below.	
i. Sickness and Injury cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii. Injury cover only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii. 24/7 cover?	<input type="checkbox"/> Yes
iv. Cover whilst at work only?	<input type="checkbox"/> Yes
v. Cover whilst outside of work only?	<input type="checkbox"/> Yes
vi. Additional Fractured Bones Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

- **Injury Only cover:** This cover only pays weekly benefits when injuries resulting from an accident prevent you from returning to work.
- **Sickness and Injury:** In addition to the injury cover, this also provides cover when sickness prevents you from returning to work. This is more expensive than Injury Only cover.
- **Scope of Cover (24/7, whilst at work, outside of work):** This determines when your cover applies. Typically, the broader the cover, the higher the premium.