



Equestrian Liability Proposal Form: Riding Establishments

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 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.

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

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.

How can we be contacted

Gow-Gates Insurance Brokers Pty Limited (ABN 12 000 837 785) can be contacted by:

Registered Office: Level 8, 491 Kent Street, Sydney NSW 2000

Telephone: 02 8267 9999

Facsimile: 02 8267 9998

INSTRUCTIONS:

- Read the Important Notices on the front page of this form.
- If you require more space to answer any questions or to describe any matter you need to disclose to the insurer, please provide this information on a separate signed sheet of paper or attach the relevant document(s) to this proposal.
- Read and sign the Applicant Declaration.

1. GENERAL DETAILS

a. Proposer's name:	
b. Address:	
c. Telephone:	
d. Email:	
e. Business name:	
f. Business address:	
g. Business telephone:	
h. Business email:	
i. Website:	
j. ABN:	

2. BUSINESS DETAILS

a. Are you or your business a member of an organisation or association?	Yes	No
If yes to the above, please give details below:		
b. Please provide a brief description of ALL your business activities (e.g. Agistment / teaching / spelling racehorses / breaking / training / selling food / giving advice / hay making etc.)?		
c. How long has the business been in operation?		
d. Detail your equine experience and qualifications, particularly in respect of the insured business activity below:		
e. Has any incident occurred in the past 5 years involving bodily injury or damage to property, whether a claim was made or not?	Yes	No
If yes to the above, please give details below:		
f. Have you or any partner in business with you had any proposal for insurance declined, renewal refused, cover terminated or special terms and conditions imposed by any insurer?	Yes	No
If yes to the above, please give details below:		

3. RISK MANAGEMENT

a. Do you have an Accident Report Book and is it up to date?	Yes	No
b. Do all clients wear helmets to Australian Standards whilst riding?	Yes	No
c. Do all clients wear appropriate footwear and clothing whilst undertaking equine activities?	Yes	No
d. Are waivers / medical / indemnity forms signed by all clients?	Yes	No
e. Are you and / or your staff First Aid qualified?	Yes	No

4. LIMIT OF LIABILITY

Please tick the limit of liability required: AUD 10,000,000 AUD 20,000,000

5. RIDING ESTABLISHMENTS

Horse Details

a. Maximum number of horses on the premises at any one time (owned and non-owned):	
b. Number of horses you own:	
c. Number of horses you agist, but are used for riding tuition purposes by riders other than their owners:	
d. Number of horses you agist, but are <u>not</u> used for tuition purposes by riders other than their owners:	
e. Maximum value of a client's horse you might care for at any time:	
f. Do you agist horses for training?	Yes No

Pupil Details

a. Maximum number of pupils you teach per week:	
b. Average number of pupils you teach per week:	
c. Minimum age of pupils you teach:	

Other Details

a. Are the riding / teaching areas enclosed?	Yes	No
b. What facilities do you have available for teaching?		
c. Do you offer Trail Riding for your regular clients?	Yes	No
d. Do you offer Commercial Trail Riding? (DEF)	Yes	No

If yes to the above, please provide details regarding maximum ration of instructor to clients, and a brief description of the location in which you ride below:

e. Do you assess each rider to ascertain their experience in order to select horses accordingly?	Yes	No
f. Do you personally offer freelance riding instruction off the premises?	Yes	No

6. STAFF AND TURNOVER

a. What is your annual turnover?

i. Actual last year:

ii. Estimated this year:

b. Do you engage any labour hire, contractors or sub-contractors?

Yes No

If yes to the above, please advise:

i. Nature of work performed:

ii. Estimated annual payments to contractors / sub-contractors:

iii. Do you identify the existence of Liability insurance held by the contractors / sub-contractors?

Yes No

iv. Are you always named as principal on the contractors / sub-contractors liability policies?

Yes No

c. How many staff do you employ?

d. How many volunteers do you have working?

e. What's your annual wage roll?

7. PREMISES DETAILS

a. Type of fencing surrounding your premises, paddocks and fields:

b. Frequency with which the fencing is checked:

c. Distance from paddocks to public highway:

d. If paddocks border a highway, how are they secured?

e. Provide details of any paddocks with a public footpath or right of way running through them:

f. Do any other individuals or groups (other than staff or clients) have access to the paddocks for any reason whatsoever?

Yes No

8. CARE, CUSTODY & CONTROL

This extension indemnifies you in respect of Death / Accidental Injury to Horses / Ponies in your care, custody or control (ie not owned by you), up to a maximum of AUD 250,000 overall in the Period of Insurance.

If this extension is required, please indicate the maximum value required for any one Horse / Pony:

AUD 10,000

AUD 25,000

AUD 50,000

AUD 100,000

AUD 250,000

9. ADDITIONAL COMMENTS

10. DECLARATION

I declare that:

- i. 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;
- ii. I/we acknowledge that I/we have received a copy of the Important Notices and Product Disclosure Statement setting out the terms and conditions which apply to this insurance;
- iii. 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.

Dated:

For and On Behalf of:

Name of Principal / Applicant:

Signature of Principal / Applicant:

By clicking on Submit, a new email will open automatically with your completed form attached.
Please attach any supporting documentation to the email and send to equestrian@gowgates.com.au