



Shearwater Insurance Services Limited

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## PONY/DONKEY RIDES AND/OR PONY/DONKEY PARTIES INSURANCE – PROPOSAL FORM

Please return the completed form along with any supplementary information to:

[equine@shearwater-insurance.co.uk](mailto:equine@shearwater-insurance.co.uk)

### THE COVER

**Public Liability** provides cover against bodily injury to third parties or damage to third party property. Cover is available at three Limits of Indemnity - £1million £2million or £5million.

**Note:** this policy does not provide cover for tuition on your own horses.

**Employers Liability** in respect of bodily injury to persons employed by you, happening during the course of their employment.

### CONDITIONS

- **Protective Clothing** -Protective headgear and suitable footwear is to be worn by all participants
- **Supervision of riders** - No third party is to be allowed to mount or ride an animal unless it is being individually led by a suitable handler
- **Minimum Age** - No children under the age of 2 years are to participate in the riding of animals
- **Animal Records** - A record of each animal is to be kept including the following information: -
  - Photograph
  - Height (in hands)
  - Colour
  - Age
  - Where and when it was obtained from and, if sold details of sale
- **Welfare of Animals** - No animal is to be ridden by third parties if it is suffering from: -
  - Saddle sores
  - Pressure points
  - Wither problems
  - Split mouths
  - Lumps, bumps or cuts
- **Local Authority Licence** - All cover is subject to a relevant local authority licence being held (please check requirements with your local authority)
- **BSE exclusion** - This Contract of Insurance will not provide indemnity for any loss, injury, damage, claim or Defence Costs arising out of, alleging or attributable (directly or indirectly) to Bovine Spongiform Encephalopathy (BSE) or any by-product or associated disease therefrom

## PROPOSER'S DETAILS

Name of Proposer: (Mr / Mrs / Miss)

Date of Birth:

Contact Address:

Post Code:

Contact Telephone:

Email:

Trading Name of Business (if different from above):

## GENERAL QUESTIONS

1. Have you or any partner in business with you had any proposal for insurance declined, renewal refused, cover terminated, or special terms imposed by any insurer?
2. Has any incident occurred over the past 5 years involving bodily injury or damage to property, whether a claim was made or not?
3. Have you or any director or partner been declared bankrupt, been a director of any company which went into liquidation or been charged or convicted of any criminal offence or been prosecuted under the Factories Act, The Health & Safety Act or The Consumer Protection Act?

If the answer to 1, 2 or 3 is "YES" please provide details below:

## BUSINESS INFORMATION

1. Please provide a full business description:
2. Do you belong to any trade association?  
If "YES" please detail:
3. How long have you been in business proposed? Please provide CV's / details of experience

4. Please provide details of your training methods for your staff including qualifications required. Is it your policy to assist staff in obtaining NVQ's or any other professional body qualifications or working towards on-the-job training qualification?

## INSURANCE REQUIREMENTS

Please indicate limits required:

1. PUBLIC LIABILITY

2. EMPLOYERS LIABILITY

**ERN/PAYE Reference**

**IF EXEMPT PLEASE STATE**

**(Often referred to on tax forms as PAYE and is provided by HMRC to every business registered with them as an employer.)**

## FINANCIAL DETAILS

1. Estimated Wage roll of Employees:
  - Directors
  - Clerical
  - Manual
  - All Other – please specify
2. Number of Employees:
  - Full-time
  - Part-time
  - Casual
  - Work Experience
3. Estimated Turnover (splits please if applicable)

## ABOUT YOUR BUSINESS

1. Please confirm you have an emergency procedures plan in place in respect of missing Persons and Children
2. Please confirm that no children under the age of 2 years old are permitted to ride.
3. Please confirm that no third party is permitted to mount or ride a donkey or pony unless it is being led by a handler.
4. Please confirm that all participants wear protective headgear & suitable Footwear.
5. Please confirm you have a written Health and Safety Policy in place.
6. Please confirm you have a Local Authority License/Approval?
7. How many qualified first aiders do you have?
8. Do you use any concessionaires/bona fide subcontractors?

If yes, please confirm that they have their own employers' liability for no less than £5m and public liability for no less than £2m insurance in place and this checked prior to any work/event taking place? (you will need to prove this in the event of claim occurring)

9. Please confirm that your animals are checked daily, weekly, monthly and that records of such checks are kept in a safe place and that any health problems are dealt with immediately.
10. Please confirm that you comply with the code of safe practice/rules & regulations relating to your activity as set by the relevant Trade Association/Authority (HSE)
11. How many Donkeys or Ponies do you operate?

Please provide full length photograph, name, colour, age, height and where each pony/donkey was obtained from.

12. Please give brief details on procedures which have been put in place to prevent dangerous and harmful diseases occurring in particular E- Coli?

13. Please confirm whether you provide wash facilities where the public are encouraged to have contact with animals.

**PLEASE PROVIDE RELEVANT LICENCE OR LETTER FROM LOCAL AUTHORITIES TO CONFIRM LICENCE NOT REQUIRED.**

### PROPOSER'S DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signature of Proposer:

Name in Capitals:

Date:

Date cover to commence: