Shearwater Insurance Services Limited



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E-mail: enquiries@shearwater-insurance.co.uk
Website: www.shearwater-insurance.co.uk

FREELANCE INSTRUCTORS LIABILITY INSURANCE - PROPOSAL FORM

Please return the completed form along with any supplementary information to: 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 - £2 million or £5 million.

The policy covers various equestrian activities including: -

- Instruction given on pupils' horses
- Participation in lectures and demonstrations
- Breaking or training of horses on behalf of clients
- Advice to clients in respect of suitability of horses prior to purchase

Further benefits include:

- No limit to the number of lessons which may be given per week
- Premiums vary dependant on experience and qualifications

Note: This policy only covers instruction given to clients on their own Horses/Ponies.

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

RULES AND GUIDELINES

If you are instructing on your own horses, we would advise you to contact your Local Authority in order to establish whether you are required to hold a licence under the terms of the Riding Establishments Acts 1964 & 1970.

Employer's Liability Insurance is not available in isolation under this policy and must be taken in conjunction with Public Liability Insurance.

You are required under the Employer's Liability (Compulsory Insurance) Act 1969 to hold a current Employer's Liability Insurance certificate for any person working on your behalf, be they part time, full time, training, casual, unpaid or paid in kind (e.g., free use of horses etc.)

Both sections exclude claims made against you by family members. *

^{*} Family means – husband, Wife, Father, Mother, Grandfather, Grandmother, Stepfather, Stepmother, Son, Daughter, Grandson, Granddaughter, Brother, Sister, Half-Brother, Half-sister.

PROPOSER'S DETAILS

Name	of Proposer: (Mr / Mrs / Miss)	
Date o	f Birth:	
Address:		
Post Co	ode: Contact Telephone:	
Email:		
Full Description of Activities:		
GENERAL QUESTIONS		
	GENERAL QUESTIONS	
1.	Do you break/train horses/ponies on behalf of your clients?	
2.	Do you instruct Vaulting?	
3.	In connection with any Liability Insurance:	
	a) 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?	
	b) Has any incident occurred over the past 5 years involving bodily injury or damage to property whether a claim was made or not?	
If YES, please detail below:		
PUBLIC LIABILITY		
1.	Please list qualifications (BHS and UKCC Level 2 and above recognised):	
2.	Do you hold a current Health and Safety at Work First Aid Certificate?	
3.	Are you a current British Dressage Member?	
	If "YES" please provide your membership number:	
4.	Are you an Accredited Trainer (on the relevant trainer's database) with any of the following?	
BHS	British Eventing British Dressage British Showjumping British Equestrian Federation PC	

Maximum number of hours Teaching, Schooling, Grooming or Exercising each week:

5.

6.	Please tick level of indemnity required:
	ADDITIONAL INFORMATION
	ADDITIONAL INI ORMATION
	PROPOSER'S DECLARATION
know or o	re that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we ught to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer that it needs to make further enquiries in order to reveal material circumstances.
Signature o	of Proposer:
Name in C	apitals:
Date:	
Date cover	r to commence: