

# Lycetts

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## **Racehorse Trainers' Public and Employers Liability Proposal Form**

Please answer all questions fully, continuing on another piece of paper if necessary

Proposer's Name (including your full trading name)			
Business Description:		Number of years in business:	
Risk Location(s):			
		Post Code:	
Telephone No:		Email/Website:	

Have you, or any partner in business with you:		
a)	Had any proposal for insurance declined, renewal refused, cover terminated, special terms and conditions imposed by any Insurer in connection with Public / Employers Liability insurance?	YES / NO
b)	Experienced any incident or incurred any loss, damage or made any claim over the past five years in connection with Public / Employers Liability insurance?	YES / NO
c)	Ever been convicted of, or charged, with any criminal offence?	YES / NO
If any answer is YES, please provide full details overleaf.		

Details of previous insurer, if any:	
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Are you aware of your obligations under the Health & Safety Act 1974? (See <a href="http://www.hse.gov.uk">www.hse.gov.uk</a> or call 08701 545500)		YES / NO
Are your electrical installations checked and maintained in accordance with current Health & Safety regulations?		YES / NO
Do you own or lease the premises?	OWN / LEASE	If Lease, is your lease on a full repairing basis?
Are all buildings in a good state of repair and regularly maintained?		YES / NO
Do you have stabling at any other premises? If Yes, please provide full details including address		YES / NO

### **Public Liability – please select limit of indemnity required**

Please select either:	£1,000,000	£2,000,000	£5,000,000	£10,000,000
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**NOTE: The BHA require Licensed Trainers to carry a minimum Limit of Indemnity of £2,000,000**

1.	Acreage of Stud/Stables		
2.	Please state maximum number of horses at the premises: (Including for studs, all permanent mares, weanlings, yearlings, short term boarders and any others)		
3.	Please state maximum number of any other livestock used for pasture management on the premises at any one time:		
	Cattle:	Sheep:	Other: (please give details)
4.	Do you allow any third party, e.g. other trainers, to use your facilities? If yes, please provide details		YES / NO

5.	Please give details of any other activities, e.g. events open to public, letting of land or property: If none, please state NONE				
6.	Other Activities: (please give details where applicable) If not applicable, please state N/A				
a)	Shooting:	Number of days		Maximum No of guns per day	
b)	Incidental farming:	Total Acreage			
	Comprising of:	Stock acreage		Dairy acreage	
		Woodland		Set aside	
		Arable acreage		Other (please give details)	

**Employers Liability - Limit of indemnity £ 10,000,000**

1.	Please provide details of all employees: N.B. PART TIME = less than 24 hours per week	<u>FULL TIME</u>	<u>PART TIME</u>	<u>WAGEROLL</u>
	Managerial / Clerical (not working with horses)			
	Staff working with horses (including Clerical staff who ride out)			
	Stallion Men			
	Other (Please specify)			

2.	How many non-employed casual riders are there?			
3.	% Wageroll by time involved in tree felling, lopping, sawing and carting:			%
4.	Do you use beaters in the shooting season?	YES / NO	If Yes, how many?	

**Declaration By The Proposer**

I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and I/we agree that this proposal shall be the basis of the Contract between me/us and the Insurers. I/We understand that non-disclosure or misrepresentation of a material fact will entitle Insurers to avoid this insurance. (A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to whether a fact is material or not, you must disclose it).

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made in it and the information provided in connection with it will be relied upon by the Underwriters in deciding whether to accept this insurance.

Subject to acceptance the Insurance is required to commence from:			
Signed:		Print Name:	
Position in Company		Date:	

**Notice to the Proposer/Insured**

You should keep a record (including copies of any letters) of all information supplied to underwriters for the purpose of entering into this insurance. A copy of your completed proposal form will be available on request provided the insurance is effected. The parties are free to choose the law applicable to this insurance contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law. Any enquiry of complaint should be addressed in the first instance to your intermediary. If you are not satisfied with the way a complaint has been dealt with you can approach your chosen insurer QBE Insurance (Europe) Limited, Plantation Place, 30 Fenchurch Street, London, EC3M 3BD Tel: 020 7105 4000 Fax: 020 7105 4019 and if you remain dissatisfied the insurance ombudsman whose address is:

The Financial Ombudsman Service, South Quay Plaza 2, 183 Marsh Wall, Docklands, London E14 9SR