

## **Polo Club Public and Employers Liability Proposal Form**

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

Proposer / Club Name					
Legal Entity or Trading Name					
Legal Status		Private Individual <input type="checkbox"/>	Sole Trader <input type="checkbox"/>	Partnership <input type="checkbox"/>	Limited Co <input type="checkbox"/>
Risk Location(s):					
Post Code(s):		Email address:		Web address:	
Telephone No:		Fax No:		Mobile No:	
Full Business Description:				Number of years in business:	
Number of Club Members				Number of Playing Members	

Employer's Reference Number (PAYE reference) If not applicable, please state N/A		Approx Annual Turnover	£
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Do you own or lease the premises?	OWN / LEASE
What is the total acreage by location?	
If Lease, is your lease on a full repairing basis?	YES / NO
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
Are your electrical installations checked and maintained in accordance with current Health & Safety regulations?	YES / NO
Do you have a written Health & Safety policy with risk assessments, staff induction/training records etc	YES / NO
Are you required to hold a license under the Riding Establishment Act? If Yes please provide certificate.	YES / NO
Please provide name of club secretary	
State who is responsible for grounds and clubhouse maintenance	
State who is responsible for horse welfare	

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)	Ever been convicted of, or charged, with any criminal offence?	YES / NO
If any answer is YES, please provide full details on a separate sheet.		

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

	Please provide details of all employees:	ALL YEAR	<u>Seasonal - less than 7 months in the year</u>
	Managerial / Clerical staff (not working with horses)		
	Stable staff working with horses (this should include Clerical staff who ride or perform any manual duties)		
	HPA Qualified Coaches or Instructors under your direction		
	Groundsmen/women, gardeners, handyman/woman		
	Other temporary staff e.g. umpires, goal judges, parking attendants, catering staff, security, etc.		
	Professional Players employed by the club to coach or play		
	Maximum no. of work experience students at any one time		
	<b>TOTAL</b>		

### **Public Liability – please select the Limit of Indemnity required**

Please select either:	£5,000,000		£10,000,000	
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**Please describe the services you provide together with details of any goods you sell, supply, repair, or (please attach brochures or other literature if available)**

Activities	Number of events	Anticipated Annual Turnover - £
Polo Matches / Tournaments		
Arena Matches / Tournaments		
Coaching / Instruction		
Club Shop		
Restaurant/Bar		
Corporate Days		
Demonstrations/Exhibitions		
Transporting horses		
Horse Sales		
Facility hire (please specify)		
Other events (please specify)		

Do you charge for entrance / parking?	YES / NO	If YES, estimated annual income	£
What is the average weekly attendance at the grounds?			
We will need details of the number of days per year where the attendance at any function will exceed:			
100		300	500
1000		2000	3000

**Please state who is responsible for the following:**

	Insured	Sub Contractor	Other (please specify)
Organisation of events			
Ticket Sales			
Parking			
Security			
Concession Sales			
Catering			
First Aid			
Please provide the name and address of your usual veterinarian			
Please confirm that all Exhibitors and Vendors hold Public Liability Insurance of at least £2million			YES / NO
Please confirm that you only use 'Bone Fide Sub Contractors			YES / NO
Please confirm that all Sub Contractors and Others hold Public Liability Insurance of at least £2million			YES / NO

Please confirm that Medical and Veterinary trained personnel will be on duty at all relevant times		YES / NO
Please state the number of full size playing fields		
Please state the number and size of your other playing or chukka surfaces		
Do you have an indoor or outdoor arena? (If yes please circle which one)		YES / NO
Do you have Exercise track?		YES / NO
Do you have a horse-walker?		YES / NO
Do you have turnout fields? If so, please state acreage.		YES / NO
Is livestock kept for land management		YES / NO
Maximum number of sheep		Maximum number of cattle (please declare dairy cattle separately):

Permissive Paths under your control:	Number of paths:	Distance of paths:
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Please answer the following questions with regard to all horses in your care.

Are horses kept at the premises?	YES / NO	If YES, please answer the following questions
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a) Maximum number of horses kept at the premises at any one time	
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b) How many horses are kept on the premises	all year	
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	For the polo season only	
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c) Of these please specify	the number owned or part owned by the club	
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	the maximum number available for polo tuition	
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	the maximum number available for chukka hire	
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Do you provide livery?	YES / NO	If YES, please provide a numerical breakdown as follows:
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Full		Part		DIY		At grass only	
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d) Are you responsible for any owned or non-owned ponies kept at alternative locations?	YES / NO
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If Yes, please provide location details:

Does the keeper hold Public Liability Insurance of at least £2million	YES / NO
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Does the keeper hold appropriate Custodial Liability Insurance	YES / NO
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Do you carry out any tuition or demonstrations away from your premises?	YES / NO
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Do you import for sale any products from a Country or State, which is not a member of the European Community? If YES - please provide full details of inventory held on a separate sheet.	YES / NO
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Are these products sold to or supplied to the public?	YES / NO
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### **Custodial Liability**

**If you require cover for horses in your care, custody or control**

Number of horses in your care not wholly owned by you	
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Please indicate number at each the level of cover required – i.e. maximum value any one animal

£5,000		£10,000		£25,000		£50,000		Other £	
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## Coaching

**Where the club is providing horses for hire for playing polo or learning to play polo, the policy can only provide coverage if the club has a Riding Establishment Act Licence and only HPA qualified coaches or instructors are used to teach your clients.**

**HPA accredited coaches and instructors are insured through the HPA at a £5,000,000 limit of indemnity.**

Please list the HPA qualified coaches or instructors usually used and their employment status:			
Name:	Grade:		Employed/Freelance
Name:	Grade:		Employed/Freelance
Name:	Grade:		Employed/Freelance
Please confirm that all coaches and instructors have attended an HPA coaching seminar in the last 12 months and received their qualification			
1.	Please state who is responsible for booking the lessons?		
2.	Please state who is responsible for providing the horses to the clients?		
3.	Please state who is responsible for matching the horses to the clients?		
4.	Do you hold a current Health and Safety at Work First Aid Certificate		YES / NO
5.	Please provide the percentage split between the total number of group lessons (a) and individual (one-on-one) lessons (b) taught per year		a:      b:
6.	Total number of group lessons taught per year		Please answer the following:
	Maximum number of students per lesson		Total number of ponies used per lesson
7.	Total number of individual lessons taught per year		Please answer the following:
	Number of individual lessons taught on club ponies		On clients own ponies
8.	The income you expect to receive from all coaching activities in the next 12 months		
9.	What is the minimum age of acceptance for pupils/children?		
10.	Do you carry out work outside the United Kingdom or Ireland?		YES / NO
	If "YES" please provide details in the box below		

## Claims History

In the past 5 years, have you been or any partner/director had a claim made against you in respect of cover now proposed, or are you aware of any incident that may result in a claim being made?	YES / NO
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If "YES" please give details below

**Important: You must give details of all claims, even if they were declined by your previous insurers. Please continue of a separate page if necessary**

Year	No. of Claims	Details of any Claim(s) And / or Loss(es)	Amount Outstanding	Amount Paid	Total Incurred

## Declaration By The Proposer

I/We understand that the signing of this proposal does not bind me/us 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.

I/We understand that non-disclosure or misrepresentation of a material fact will entitle Insurers to avoid this insurance or alter the basis of settlement of a claim. (A material fact includes information that you do know and information that you ought to know following reasonable questioning of your organisation's senior staff. Material facts are also those 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.).

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

Please provide any additional information below: