

Lycetts

Professional Polo Player - Combined Public and Employers Liability

This application is for players with an HPA handicap of 3 goals and above so considered professional and as such, will not be covered under the HPA's Members' Liability policy. The insurance is for you as an individual and will not provide any coverage for the hiring of horses or the coaching of polo. If you are operating a business providing these services, you will need to complete a different application. Please fully answer all questions continuing on a separate page if necessary.

Proposer's 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"/>	
Full Business Description		Number of years in business	
Risk Location(s)		Post Code:	
Postal Address if different		Post Code:	
Telephone No:		Mobile No:	
E-mail address:		www.	

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 where the horses are stabled?		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
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 overleaf.

Employers Liability – Limit of indemnity £10,000,000

Please provide details of all employees:	<u>ALL YEAR</u>	<u>Seasonal - less than 7 months in the year</u>
Managerial / Clerical / other (not working with horses)		
Polo Grooms and staff working with horses (this should include clerical staff who ride or perform manual duties)		
Groundsmen/women, gardeners, handyman/woman		
Maximum no. of work experience students at any one time		
TOTAL		

Public Liability – Limit of indemnity £5,000,000

Please select either:		£5,000,000		£10,000,000	
1. Maximum number of horses kept at the premises at any one time					
2. of the maximum number above, how many horses are yours or your responsibility					
of 2 above specify	the number wholly owned or part owned by you		the number not wholly owned or part owned by you		
3. Do you stable or turn out your ponies at alternative locations, winter or summer?					YES / NO
If Yes, please provide location details:					
Does the keeper hold Public Liability Insurance of at least £2million					YES / NO
Please confirm that you do not provide any horses for hire or loan or reward					
Do you provide coaching or instruction for a fee	YES / NO	If yes, are you certified by the HPA?		YES / NO	
Do you invite or allow others to use your facilities for practice or chukkas?					YES / NO
If yes, how often:	# horses per week	Do you charge a fee?	YES / NO	If yes, £	per horse

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:	
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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: