

Equine Liability Proposal

Applicant Information

Name of Insured's (as will appear on policy): _____

Trading as name (if different from above): _____

Nature of business: _____

Postal address: _____

Address from which business operates (if different from postal) _____

State: _____ Postcode: _____ Phone: () _____

Contact person: _____ Fax: () _____

Email address : _____ Mobile: _____

Website : _____ ABN No : _____

Underwriting Information (Please attach copies of brochures and/or any other relevant information)

1. Nature of business/description of operation/event of all activities/disciplines conducted: _____

2. Insured operates as Corporation, Partnership, Joint Venture, Sole Trader, Other (explain): _____

3. Please advise number of staff employed Full time _____ Part Time _____

4. Please advise number of volunteers _____

5. Policy period being requested from _____ to _____

6. Are you currently, or have you previously been insured for this type of business? Yes No

If so with whom and what is your current limit of Liability? _____

7. Has this type of insurance ever been cancelled, declined, non-renewed? Yes No

If yes, explain: _____

8. Does your business engage in any other business operations under the name of the insured? Yes No

If yes, explain: _____

Underwriting Information (cont'd)

9. Do you have risk management procedures to the industry standard? Yes No
 If yes, please provide a copy and answer (a) to (g) below.
- (a) Do they encompass all your business activities? Yes No
 (b) Do they include first aid/emergency procedures? Yes No
 (c) Do they include property maintenance procedures? Yes No
 (d) Do they include all rules and guidelines applicable to the property Yes No
 (e) Do they include car parking areas Yes No
 (f) Do they include all forms and agreements used Yes No
 (g) Do they include incident reporting procedures Yes No
 (h) Do they include Occupational Health & Safety procedures Yes No
 (g) Do they include fire evacuation procedures and action plans? Yes No
10. Please advise any qualifications and/or accreditation you have obtained in relation to the business: _____

11. Are you a member of an Equestrian Association / Organisation ? Yes No
 If so, whom _____
12. Please state number of years experience for:
 (a) instructing: _____
 (b) operating this type of business: _____
13. Please advise turnover for:
 (a) Last 12 months: \$ _____
 (b) Next 12 months: \$ _____
14. Please advise the number of horses:
 (a) You own: _____
 (b) That you are responsible for: _____
 (c) That are stabled at your premises: _____
15. What is the maximum value of all horses not owned by you, but in your physical or legal control at any one time: \$ _____
16. Do you operate 12 months of the year Yes No
 If no please provide details _____
17. Do you conduct any other activities not otherwise shown on this application (i.e. accommodation) Yes No
 (Please specify if cover required) _____
18. Do you hire out any of your facilities to third parties : Yes No
 If yes, please provide details _____
 Turnover in respect of hire \$ _____
19. Is there signage on the property warning people of the dangers associated with horse riding? Yes No
20. Are visitors permitted to ride on premises without instruction and/or guidance Yes No

Claims History

Have any claims been made against you or are you aware of any circumstances in this business or any other business which may give rise to a claim in respect of your legal liability for injury or damage in the past 5 years? Yes No

If yes, please provide details:

Please attach confirmation from your previous insurer of your previous claims history

Date of Loss/Injury/Circumstance	Details of Loss/Injury/Circumstance	Insurer	Amount Paid/Outstanding

Tuition (If you provide tuition please complete the following questions)

1. Please advise the average number of lessons you provide per week: _____
2. What is the average number of students per lesson: _____
3. What is the minimum age of students you provide tuition to? _____
4. Do you provide tuition to beginners? Yes No
5. Are enquiries made about student's previous riding experience? Yes No
6. Do you ensure helmets and suitable footwear is worn by all students? Yes No
7. Do you conduct lessons on your own school horses? Yes No
8. Do students provide their own riding equipment? Yes No
9. Do you use waivers (If yes, please attach of copy) Yes No
10. What type of tuition is provided? _____
11. Is all tuition conducted in an enclosed arena? Yes No
12. If lessons are not conducted on your premises, do you assess the area for suitability? Yes No
13. Do you provide trail rides as part of a lesson Yes No
If yes, please answer (a) to (h) below.
 - a. Does it form part of your normal lesson plan Yes No
 - b. How frequently are they provided _____
 - c. Are they provided to beginners Yes No
 - d. Are they conducted on your own property public roads national parks/trails
other (please specify) _____
 - e. Number of students per group _____
 - f. Average duration of ride : _____
 - g. Are gear safety checks conducted prior to mounting Yes No
 - h. What is your staff to rider ratio _____

14. Do you operate clinics and/or camps Yes No
 If yes, please answer (a) to (e) below.
- a. Average number per month _____
 - b. Average number of students per clinic/camp _____
 - c. Average duration (i.e 1 day, 2 days, 1 week) _____
 - d. Type of tuition provided _____
 - e. What other activities provided during clinic/camp, if any _____

15. Are you an accredited Coach Yes No
 If yes, please answer (a) and (b) below.
- a. To which Association or Organisation are you accredited? _____
 - b. If Equestrian Australia please provide split between lessons provided to:
 - I. EA Members _____
 - II. Non EA Members _____

Trail Rides (If you provide trail rides to the general public please complete the following questions)
 (If you only provide trail rides as part of a lesson refer Tuition section)

1. What is the number of rides and/or groups you take per week: _____
2. Average number of riders per ride/group: _____
3. Average duration of ride : _____
4. What is your staff to rider ratio _____
5. Are enquiries made about participant's previous riding experience? Yes No
6. Do you provide Australian approved helmets to participants? Yes No
7. Do you ensure suitable footwear is worn by participants? Yes No
8. Do you permit participants to use their own horses? Yes No
 If yes, do you ensure adequacy of mount and riding equipment? Yes No
9. Do you ensure safety equipment provided by participants meets required safety standards? Yes No
10. Do you use waivers? (If yes, please attach of copy) Yes No
11. Are gear safety checks conducted prior to mounting and during the ride? Yes No
12. Are all trail guides first aid certified? Yes No
13. Are all trail guides over 18 years of age? Yes No
14. Are all trail guides and staff adequately trained? Yes No
15. Do you provide pre ride instruction to participants prior to commencement of ride? Yes No
16. Do you provide ongoing instruction to participants during the ride? Yes No
17. Do you provide overnight accommodation and meals? Yes No
18. Is there signage on the property warning people of the dangers associated with horse riding? Yes No
19. Is it part of your risk management procedures to record all incidents and obtain witness statements? Yes No
20. Do you maintain records of horses usage, behaviour, training and veterinary treatment Yes No
21. Are rides conducted on:
 - your own property
 - public roads
 - national parks/trails
 - other (please specify) _____

Led Pony Rides (If you provide led pony rides please complete the following questions)

- a. Do you provide pony rides as : Riding Tuition / Trail Rides / Pony Parties (strike out that not applicable)
- b. Average number of rides provided per week: _____
- c. How many horses/ponies do you use at any one time : _____
- d. Average number of riders per group: _____
- e. Average duration of ride: _____

Agistment Centres (If you provide agistment and/or spelling to third parties please complete the following questions)

1. What is the maximum number of horses your can agist? _____
2. What is the average number of horses you agist ? _____
3. Do you have agistment agreements completed Yes No
4. Please advise split between : Paddock % Stabled %
5. Do you provide full board including all services Yes No
6. Do you provide designated riding areas, if yes please provide details : _____

Carriage Rides (If you provide carriage rides please complete the following questions)

1. How many rides do you provide per week _____
2. What is the average number of persons per ride? _____
3. Where do you provide rides? (i.e. Ag shows, public roads, etc) _____
4. For what purpose do you provide carriage rides, (i.e. weddings, funerals, tourism etc) _____

Horse Trainer / Breaker (If you are a horse trainer/breaker, please complete the following questions)

1. Do you train / break horses for _____ own use other people
2. How many horses do you work on per month _____
3. If more than one section completed, what is your estimated turnover for training/breaking only \$ _____
4. What experience/qualifications do you have in this field _____
5. Do you specialise in a particular breed or discipline _____
6. Do you train/break racehorses Yes No
- If yes, is cover required Yes No
- If yes, please advise % of work _____
- Maximum number at any one time _____

Farriers / Dentists / Chiropractors / Massage Therapists (This section is only applicable to qualified practitioners - circle cover required and complete following questions)

1. Do you treat horses for _____ own use other people
2. How many horses do you work on per week _____
3. Breed and/or discipline of horses you work on : _____
4. Do you obtain history of ailments prior to commencing any work Yes No
5. Do you ensure horses are relaxed / warm up soft tissue/muscles prior to work Yes No
6. Please provide details of sanitary procedures you undertake to prevent spread of any diseases etc _____

Important Notices

The Underwriter may survey the Insured's property and operations for underwriting purposes and conduct loss control activities and make recommendations to reduce insurance claims at any time, such activity, when engaged in, shall not constitute an undertaking, on behalf of for the benefit of any insured or others, to determine or assure that such property or operations are safe or healthful, or are in compliance with any engineering standards, rules or regulations. Underwriting qualifications, recommendations, surveys and loss control activities and recommendations are only for the purposes of determining insurability and reducing claims against insurance are not for safety purposes. The Insured is solely responsible for the safety of its premises and shall not rely upon any surveys or recommendations to determine or assure the safety of its facilities or operations and shall not diminish or forego its own safety practices.

Duty Of Disclosure –

Before you enter into a contract of general insurance with any Insurer, you have a duty, under the Insurance Contracts Act 1984 to disclose to the Insurer every matter that you know or, could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require any disclosure of any matter

- That diminishes the risk to be undertaken by the Insurer;
- That is of common knowledge;
- That your Insurer knows or, in the ordinary course of their business, ought to know;
- As to which compliance with your duty is waived by the Insurer.

Examples of information which are relevant to insurers are:

- (i) past claims experience
- (ii) a cancellation of a previous insurance policy or refusal by an insurer to renew a policy previously held by you
- (iii) any unusual features of the subject matter of the insurance which might increase the likelihood of a claim under the policy

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact our office.

Non-disclosure –

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

Privacy –

Aon has always valued the privacy of personal information. When we collect, use, disclose or handle personal information, we will be bound by the Privacy Act 1988. If you would like a copy of our Privacy Policy, or wish to seek access to or correct the personal information we collected or disclosed about you, please telephone or email your Aon contact or access our website www.aon.com.au. I/we furthermore authorise the Underwriter to collect or disclose any personal information relating to this insurance to/from any other Insurers or insurance reference service.

Your Premium Calculation –

The key factors that affect your premium are reflected in the questions asked in the application and the information sought at the time of taking out your insurance.

Terms of Credit –

Our terms of credit for clients are indicated on the invoice provided upon entering into the Insurance Contract. Aon is conscious of occasional hardship and understands the need to refer clients; if considered appropriate; to the Australian Financial Counsellors and Credit Reform Association. Aon acts in accordance with the requirements of ACCC and ASIC debt collection Guidelines : for Collectors and Creditors to arrange for the collection of outstanding amounts.

Complaint and Dispute Resolution –

Any enquiry or complaint relating to your policy or a claim should be address to your Client Relationship Manager in the first instance. If your complaint is not satisfactorily resolved within 5 working days, please contact Aon's National Complaints Manager who will attempt to resolve it in accordance with our Complaints and Disputes Handling Policy. You may obtain a copy of this policy from the National Complaints Manager or from our website: www.aon.com.au. If you are still not satisfied with the outcome determined within 10 working days, you should contact Lloyd's Underwriters' General Representative in Australia, Suite 2, Level 21 Angel Place, 123 Pitt Street, Sydney, NSW 2000

Telephone Number: (02) 9223 1433 Facsimile Number: (02) 9223 1466. If your concern is with the Insurer, you may contact the Financial Ombudsman Service by calling 1300 780 808. Aon is bound by the General Insurance Code of Practice and have processes in place to adhere to the requirements of the Code. All details relating to the Code can be found at www.codeofpractice.com.au

Declaration

I/We declare that we have made all necessary enquiries into the accuracy of the responses given in this proposal and confirm that the statements and particulars given in this proposal are true and complete and that no material facts have been omitted, misstated or suppressed. I/We agree that should any of the information given by us alter between the date of this proposal and the commencement of the insurance to which this proposal relates, we will give immediate notice thereof to the insurer. I/We acknowledge receipt of the "Important Notices" contained in this proposal and that we have read and understood the content of that notice.

It is understood and agreed that no insurance is in effect until this application is accepted by the company in writing.

SIGNATURE

DATE