

PATRONA

UNDERWRITING

Proposal Form

Livery Yards, Stud Farms, Sales Preparation Yards, Private Yards, Horse Breaking, Horse Breeding, Horse Trading, Sport Horse Trainers, Racehorse Trainers, Point to Point Horse Trainers, Horse Pre Trainers Liability

PLEASE COMPLETE IN **BLOCK CAPITALS** AND TICK APPROPRIATE BOXES WHERE RELEVANT
PLEASE READ EACH QUESTION IN FULL BEFORE ANSWERING
If supplementary information is required please use supplementary form(s).

For Completion by BROKER ONLY (if available):

Patrona Underwriting Ltd Quotation Reference OR Policy Number

I AM AWARE THAT THIS PROPOSAL FORM IS THE BASIS OF THE CONTRACT OF INSURANCE OF WHICH I AM ENTERING INTO AND ALL INFORMATION SUPPLIED WILL BE ACCURATE TO THE BEST OF MY KNOWLEDGE AND ABILITY (please tick box across):

Agreed

PREVIOUS INSURANCE DETAILS:

Have you been previously Insured for the risk subject of this proposal?

YES

NO

If "Yes" to above, please advise: Name of Previous Insurer

Expiry Date of previous Insurance

LENGTH OF TIME IN BUSINESS

(if a new venture, please state same)

If "No" to above, please advise Is this a new venture business?

YES

NO

If "Yes" skip to next section "Details of Proposer"

If "No" please advise:

(i) When last Insured and Insurer

(ii) Why has no insurance been in place to date or for period since last insurance

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DETAILS OF PROPOSER:

PROPOSER'S NAME(s):

TRADING TITLE:

POSTAL ADDRESS

RISK ADDRESS

IS THE BUSINESS RAN FROM A
PREMISES OWNED BY YOU
OR A LEASED/RENTED PREMISES?

OWNED

RENTED/LEASED

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DETAILS OF ALL BUSINESS ACTIVITIES:

Please tick **ALL** of business / yard activities that apply for which you require cover:

- Point to Point Horse Trainer/Handler
- Racehorse Trainer
- Stud Farm
- Sales Preparation Yard
- Horse Breeding
- Horse Breaking
- Equine Private Yard
- Equine Livery Yard
- Sport Horse Training
- Freelance Riding Instruction
(Provision of horse riding instruction without provision of any horses, equipment, tack, saddlery or premises)
(If you use your premises as part of Freelance Instruction, you need to include Hire of Equine Facilities)

Hire of Facilities – Please select only one option

- Hire of Equine Facilities (Regular Hire) excluding Cross Country Courses
- Hire of Equine Facilities (Occasional Hire) excluding Cross Country Courses

If Hire of Facilities has been ticked as required, please outline available facilities available for hire:

Cross Country Courses or Fences

Note on the following Cross Country Course options below that this does not apply to Cross Country fences held in an indoor or outdoor sand arena. If you hold Cross Country fences in any other way, you must include and outline details requested. **Please select only one option.**

- Cross Country Course – Use - Option 1 – Own Use only
- Cross Country Course – Use- Option 2 – Own Use & Hire of Facilities
- Cross Country Course – Use - Option 3 – Own Use, Hire of Facilities & Events*

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If Cross Country Course – Use - Option 3 has been ticked as require above, please advise in relation to Events*:

	Cross Country Event Type 1	Cross Country Event Type 2	Cross Country Event Type 3
Details of event activities			
Maximum Number of this event type per year			
Maximum number of days per event			
Maximum number of participants/competitors per event			
Average number of participants/competitors per event			
Estimated maximum number of spectators per event day			
Will spectators be charged for entrance?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
No. of employees and volunteers that will be in place during each show/event			

Please outline any and all other activities not listed – Please specify in box below

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Horses and Livestock held:

Please state the maximum number of horses held at your premises, on your lands at any one time:

Please advise split of this total as follows:

Own Use	<input type="checkbox"/>
On Loan	<input type="checkbox"/>
Livery	<input type="checkbox"/>
In Training	<input type="checkbox"/>
At Stud	<input type="checkbox"/>
Others	<input type="checkbox"/>

Do you hold other Livestock?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(a) If Yes, do you have cover elsewhere for these Livestock held?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If (a) to above is "No", please state details of any other Livestock held:

	<u>Number held</u>
Sheep	
Cattle	
Cows (and calves)	
Bulls	
Goats	
Donkeys	
Other (please specify	

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Do you hold any Dogs at the premises?

YES

NO

Please advise:

a) Number of dogs maximum held

b) Breed(s) of dog held

c) How dogs are controlled at the premises

Hire of Facilities:

Do you hire any of your facilities to the public for their own use?
(exclude Cross Country Courses as answered earlier)

YES

NO

If Yes, please advise how often (per month or week)
facilities are hired?

Maximum Per Week

or

Maximum Per Month

If "Yes", please provide full details of available facilities:

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Shows and Events:

Do you hold Shows, Gymkhanas or other events at the premises, YES NO
 excluding those held on a Cross Country Course and shows or events ran in full by SJI*, AIRC* or Pony Clubs*

**Assuming liability cover is in place from the entity running the show and providing an indemnity to you*

If "Yes", please complete details on the table below:

	Show/Event 1	Show Event 2	Show/Event 3
Details of show/event activities			
Maximum Number of this show/event type per year			
Maximum number of days per show/event			
Maximum number of participants/competitors per show/event			
Average number of participants/competitors per show/event			
Estimated maximum number of spectators per show/event day			
Will spectators be charged for entrance?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
No. of employees and volunteers that will be in place during each show/event			

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Horse Drawn Carriages:

Do you own, hold or operate any Horse Drawn Carriages of any kind?

YES NO

If Yes, please advise:

(a) Number of carriages own, held or operated

(b) In respect of each carriage, please advise:

Required information:	Carriage 1	Carriage 2
Use of the carriage Note: All uses must be outlined in full		
Will the carriage ever be used for Hire and Reward in any form? If Yes, ensure details are outlined above	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Will the carriage ever be used for Charity, Theatre, Arts, Parade or Fundraising purposes? If Yes, ensure details are outlined above	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Will the carriage ever be used for any form of instruction? If Yes, ensure details are outlined above and include details on qualifications and/or experience regarding instruction	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Will the carriage ever be used as an own goods working vehicle (carriage of goods) or used to draw any working instrument (e.g. Plough, Binder, etc.)	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Frequency of use of the carriage (per week or per month)		
Maximum capacity of the carriage (number of persons including driver)		
Make and Model of the carriage Year built Year purchased		

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Is the carriage full open top or does it have a roll bar?		
Principal area(s) of use		
Will the carriage ever be used within a city?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please outline details of horses (all) that or may be used to draw the carriage (include Name, age, breed, sex, length owned and experience of the animal(s) regarding carriage driving		

If you hold more than 2 carriages please outline all required information on additional carriages on a separate page.

Fencing & Public Pathways

Please provide description of fencing that surrounds the paddocks and outline how often fencing is checked:

Does any part of the premises have a footpath or a public right of way running through them?

YES NO

If "Yes", please provide full details.

Other Business' at the Premises

Is any of or part of the premises from which the business subject of this insurance used by any other business or person?

YES NO

If "Yes", please the following details of other occupant(s):

Occupation and Activities

Do you share use of any facilities at the premises?

YES NO

If "Yes" please provide details in box provided below:

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PUBLIC LIABILITY LIMIT OF INDEMNITY REQUIRED:

(Please select one)

€2,600,000

€4,400,000

€6,500,000

€ Other (If agreed with underwriters)

PRODUCTS LIABILITY REQUIREMENTS:

(Note: This cover cannot be taken if "Public Liability" cover is not taken up.

This cover must be agreed by underwriters as it is not standard cover)

Limit of Indemnity will be the same limit as specified above for "Public Liability"

Is cover required (Please tick):

YES

NO

If "Yes" has been selected above, please outline details of risk where this is required:

CARE, CUSTODY AND CONTROL REQUIREMENTS:

This is cover for the value of horses in your Care, Custody and Control. Terms and exclusions apply.

Note: This cover does not apply to horses owned by you as policyholder(s), the Insured (if different) or employee(s) of the Insured

Is cover required? (Please tick)

YES

NO

Maximum Number of animals to which cover is to apply:

Maximum value any one animal required:

€15,000

€35,000

€70,000

€100,000

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EMPLOYERS LIABILITY REQUIREMENTS:

Is cover required? (Please tick)

YES

NO

Standard Limit of Indemnity

€13,000,000

For the purpose of this section "Family Members" are deemed to be anyone closely related defined as: husband, wife, father, mother, grandfather, grandmother, stepfather, stepmother, son, daughter, grandson, granddaughter, stepson, stepdaughter, brother, sister, half-brother or half-sister

Non Family Members only:

Number of Clerical Employees

Number of Full time Manual Employees

Number of Part time Manual Employees

Family Members only:

Number of Clerical Employees

Number of Full time Manual Employees

Number of Part time Manual Employees

Other Employee types (Family and Non Family Members)

Number of Students/Apprentices/Work Experience Employees

Casual Labour required (Separate from employees outlined above)

YES

NO

Casual Labour - Please enter maximum wage roll payable for Casual Labour only

€

Labour only Sub contractors

YES

NO

(Un-insured, non Bona fide)

Other Employees not specified above

(Please provide description, number of staff
& wage roll payable)

Does any of the employees noted above use dangerous machinery/tools or work at any heights or depths as part of their employment?

(e.g. Chainsaws, Power saws (Tablesaws, Circularsaws, Nail guns, Ladders, Diggers, Dumpers, Wood Chippers, Hydraulic or Pneumatic Wood Splitters, Lifting Equipment. This list is not exhaustive and is for example only)

Note: Dangerous machinery does not include tractors, Quads or Gators.

YES

NO

If "Yes", please advise number & category of staff to which this applies in the box below:

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GENERAL DECLARATION

Have you ever, or any partner or director in business with you, ever:

(a) Submitted a claim under a liability policy and/or has any incident occurred over the past 5 years involving bodily injury or damage to property whether a claim was made or not? YES NO

(b) Been refused cover, refused renewal, had your policy terminated, or had any special terms imposed YES NO

(c) *Subject to **spent convictions****Been convicted of any offence involving dishonesty, fraud, violence, criminal damage, arson or drugs or is a prosecution pending in any court YES NO

or

within the past 7 years, been warned verbally or in writing of any possible pending prosecution YES NO

(d) Been subject to any bankruptcy, foreclosure or repossession in the last 5 years YES NO

***Spent convictions** are convictions that are spent according to the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016. You do not need to tell us about a conviction if the convicted person:

- Was an adult (18 years of age or more) when they committed the offence, and
- Was convicted more than 7 years ago,
- in either:
 - the District Court, or
 - another Court lower than the Central Criminal Court, if the sentence for the offence was either a custodial sentence of 12 months or less (whether partially suspended or not), or a wholly suspended sentence of 24 months or less, and
- Has only one conviction meeting these conditions, except for
 - Motoring offences, (but not Dangerous Driving under Section 53 of the Road Traffic Act 1961)
 - Public Order Offence convictions
 - Possession of Alcohol convictions

If “Yes” to (a) please complete full details under “Claims Declaration” section further below

If “Yes” to (b), (c) or (d) please outline full details and circumstances in the box below:

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QUALIFICATIONS AND EXPERIENCE

How many years experience have you in handling/dealing with horses

Years

Please describe details of experience

Are you AIRE approved

YES

NO

(Applicable to Riding School/Equestrian Centre risks only)

Do you have BHS qualifications or equivalent?

YES

NO

If Yes, please outline qualifications:

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HEALTH & SAFETY: REQUIREMENTS

The following is required in respect of all Commercial enterprises.

A Commercial enterprise is deemed where business is carried on for the making of a profit

These requirements are a mixture of legal requirements and requirements for best practice to minimise risk and exposures at all Commercial enterprise premises.

Section 1: You must have or put in place within 3 months of policy inception or renewal:

- (a) An up to date health and safety statement in place Agreed
This document must be given to all employees and be made available to all non-regular employees
This is a legal requirement
- (b) A fire assembly point, suitable smoke detectors and suitable fire extinguishing equipment in place and serviced annually Agreed
These are all requirements taken up within various legal requirements/documents required
- (c) All relevant safety signs erected on the premises Agreed
(e.g. Fire-fighting equipment signs, Emergency escape, fire assembly, etc. This list is not exhaustive)
This is a legal requirement
- (d) An incident/accident report log Agreed
(This must be completed for any and all incidents/accidents along with reporting of same to Insurers)

Section 2: You must: (Where any of the following is not in place you must ensure this is completed within 3 months of policy inception or renewal):

- (a) Ensure all machinery guards are in place and are checked weekly Agreed
- (b) Ensure pesticides, chemicals and veterinary supplies are kept in a locked cabinet, specified building or store room Agreed
(Key(s) to relevant storage area must be held at a different building or location)
- (c) Ensure Tack and Saddlery is checked and maintained weekly with any item requiring maintenance to be removed from use until repaired Agreed
This must be documented in full
- (d) Ensure general housekeeping, premises cleanliness, product stacking & storage & waste disposal is monitored daily and all employees are instructed clearly how to handle spills, wet, greasy or dirty surfaces with associated clean up procedures. All employees must be instructed to report or correct any hazard or defect identified throughout the business or premises, to be remedied immediately. Agreed

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Section 3: You or an employee of yours with authority to do so must ensure:

(Where any of the following is not in place you must ensure this is completed within 3 months of policy inception or renewal):

- (a) Pre-employment assessments (where available and appropriate) on all prospective employees are carried out from a riding and overall work aspect to ensure suitability of the employee for specified employment roles, duties and tasks and must carry out all reasonable checks, seek previous employment references (where available), carry out interviews or the equivalent on prospective employees
- This must be documented in full Agreed
- (b) All regular employees must be provided with a contract of employment
(This will not be required for ad hoc employees, Non regular casual employees, Volunteer's or third party contractors)
This is a legal requirement*
**Required to be in place for all employees within 2 months of beginning of employment*
- Agreed
- (c) All employees must be given full training and induction outlining:
- (i) Employment duties – *We would recommend a written employee handbook for all business, however it is a requirement for all businesses with 10 regular employees or more*
 - (ii) Procedures in place in the event of an accident – *Part of Safety Statement training*
 - (iii) Employee entitlements and procedures
 - (iv) Full Training regarding each piece of equipment, activity or duty
 - (v) Copy of Safety Statement
 - (vi) Fire Assembly point clearly advised to employee(s)
 - (vii) Details of location of all personal protective equipment and be provided or advised to have (as applicable) all necessary clothing and equipment to carry out their duties
- These are all requirements taken up within various legal requirements/documents required**
- This must be documented in full
- Agreed
(i) to (vii)
- (d) All employees will be provided with annual Manual Handling training
- This is a legal requirement**
(This must be maintained/renewed (or as required dependant on staff turnover)
- Agreed
- This must be documented in full
- (e) All employees will be provided with annual Fire Safety training
- This is a legal requirement**
This can be carried out annually (or as required dependant on staff turnover)
- Agreed
- This must be documented in full
- (f) All employees will be provided with Safety Statement training
- This can be carried out annually [or as required dependant on staff turnover]}*
- Agreed
- This must be documented in full

If any of the above under Requirements, Section 1, 2 or 3 respectively cannot be fulfilled please outline reasons referencing any point where you have not ticked "Agreed" on a separate page.

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Third Party Insurance

Are all clients asked to sign a contract?

YES NO

Do you ensure that each client has their Own Public Liability Insurance?

YES NO

Are all third party contractors required to provide proof of Public and Employers Liability Insurance?

YES NO

Some useful references:

- (1) Health & Safety Authority: www.hsa.ie
- (2) Workplace relations: www.workplacerelations.ie
- (3) IBEC: www.ibec.ie (Note that this is a member only organisation)
- (4) Citizens information: www.citizensinformation.ie
- (5) Irish Statutes: www.irishstatutebook.ie

CLAIMS DECLARATION

Give details of all claims and or you and/or any Director/Partner/financially associated person(s) have made during the last 5 years:

<u>Date of Loss</u>	<u>Claim Details</u>	<u>Settled Yes/No</u>	<u>Settlement Amount</u>	<u>Reserve Amount (if Not Settled)</u>

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DECLARATION

It is essential that every Proposer when seeking a quotation to take out any insurance discloses to the insurers all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance and again where material changes occur during the policy year.

I/we declare that, after full enquiry, the contents of this Proposal are true and complete to the best of our knowledge and belief that I/we have not misstated, omitted, suppressed any material fact or information. I/we agree that this Proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be affected.

NOTE:

1. Failure to disclose all material information may result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being deemed invalid and cancelled from inception.
2. You should also keep your own record (including copies) of all information supplied to us in arranging this Insurance.
3. A copy of this Proposal Form/Statement of Fact is available on written request within three months from the date of the proposal.

Signature: _____ **Date:** _____

Name: _____ **Position:** _____

Note: This Proposal must be signed by a Director, Partner or equivalent of the Proposer. The person signing this Proposal should be authorised by the Proposer to do so and should make all necessary enquiries of his/her fellow Directors, Officers, Partners and Employees to enable the questions to be answered and on whose behalf he/she signs.