



HORSE INSURANCE PROPOSAL

Prepared and issued by:

**BIB Underwriters Limited
2nd Floor, Pioneer House
Pioneer Court, Morton Palms
DARLINGTON
DL1 4WD
Company Registration No: 2321506**

Telephone: 01325 385300 Fax: 01325 254424

**BIB Underwriters Limited is authorised and regulated by the Financial Conduct Authority
Firm Ref no. 309398**

HORSE INSURANCE PROPOSAL FORM

Please use **BLOCK CAPITALS**, answer all questions fully and initial any alterations.

PROPOSER

NB: There are conditions, limitations exclusions and excesses within the Policy wording, a copy of which will be provided on request.

Your name:

Address:

 Post Code:

Telephone No: Occupation:

GENERAL QUESTIONS

1. Have any of your horses ever suffered any illness, disease or injury?	Yes / No
2. Do you have any other horses which are not to be insured?	Yes / No
3. Have you been previously insured against any of the risks proposed?	Yes / No
4. Has any Insurer ever declined a proposal, refused renewal or terminated an insurance?	Yes / No
5. Has any Insurer ever required an increased premium or imposed special conditions?	Yes / No
6. Have you had any losses in respect of the risks proposed in the last three years?	Yes / No
7. Have any of the proposed horses been vetted for purchase? (If yes - please supply a copy of the certificate)	Yes / No
8. Is the horse on loan to you? (If yes - please supply a copy of the agreement)	Yes / No
9. Have any of the proposed horses ever displayed vices, aggression or other unsociable, dangerous or negative habits/behaviours?	Yes / No
10. Is saddlery and tack NOT stored in a secure, locked area when not in use?	Yes / No
11. Are horse drawn vehicles and/or trailers NOT stored in a secure area and with suitable clamps when not in use?	Yes / No
12. Are you, or any person likely to ride/handle the horse(s) NOT in general good health? Please disclose any conditions which may affect your/their ability to safely handle/ride a horse(s). If you are not sure which conditions would affect their ability then please declare them all.	Yes / No

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES PLEASE GIVE FULL DETAILS BELOW

COVER - Please complete fully all the details in respect of each Section for which you require cover

SECTION 1 – SPECIFIED HORSES

Cover also includes Theft

Provides cover for: **OPTION A – Death due to accident, illness or disease**
 OPTION B - Economic Slaughter and Permanent Loss of Use

NB: Please complete fully the above details for each horse to be insured

1. Option B cover cannot be provided without Option A as well
2. Check the class of use with the categories shown at the end of this form
3. If the amount to be insured is over £4,000 for any animal we require an up to date Veterinary Certificate. (For Option B cover a Veterinary Certificate is required for values over £2,000)
4. No cover can be provided in respect of any horse used by a riding school.
5. Cover will not be provided in respect of any horse over the age of 12 years without prior reference to Underwriters.

SECTION 2 – VETERINARY FEES

Provides cover up to a limit of £2,500 for each animal insured under Section 1. **HOWEVER** if the Sum Insured under Section 1 is lower than £2,500 then the amount we will pay under this Section will be limited to such Sum Insured. **WE WILL NOT PAY FOR THE FIRST £275 OF EACH AND EVERY CLAIM UNDER THIS SECTION.**

If you wish to cover some of your horses for vets fees, but not others please give details below of those animals for which cover is NOT required

Classes of Use

- | | |
|--------------------|---|
| USE CLASS 1 | Private Hacking, Breeding, Showing, Gymkhana, Driving, Pony Club Events and Show Jumping EXCLUDING Hunting, Hunter Trials, Hunter Chasing, Eventing and Point-to-Point Racing. |
| USE CLASS 2 | As Use Clause 1 but including Hunting, Dressage, One Day Events and Hunter Trials but EXCLUDING Hunter Chasing, Two and Three Day Events and Point-to-Point Racing. |
| USE CLASS 3 | As Use Clause 2 but including Two and Three Day Events but EXCLUDING Hunter Chasing and Point-to-Point Racing. |
| USE CLASS 4 | As Use Clause 3 but including Point-to-Point Racing and Hunter Chasing. |

Insured Horses Name				
Insured Horses Passport Number				
Sex				
Year Born				
Colour / Marks and Height				
Class of Use (see previous page for classifications)				
Date of Purchase or Homebred				
Purchase Price				
Sum Insured				
If Sum Insured differs from purchase price, please state why				
Section 1 - Cover Option A or Options A & B				
Section 2 - Vets Fee	Yes / No	Yes / No	Yes / No	Yes / No

SECTION 3 – SADDLERY AND TACK

Provides cover for loss by any cause BUT WE WILL NOT PAY FOR THE FIRST £150 OF EACH AND EVERY CLAIM

Do you require cover under this Section?

If YES please state the TOTAL VALUE of all saddlery and tack

Do you require the cover to be on a Reinstatement Basis (New for Old)?

If NO then in the event of a claim an appropriate deduction will be made for depreciation.

If YES then the Sum Insured should be calculated on the replacement value of the equipment as new.

A £250 or £500 voluntary excess can attract discounts on this section

SECTION 4 – HORSE DRAWN VEHICLES AND/OR HORSE TRAILERS

Provides cover for loss by any cause BUT WE WILL NOT PAY FOR THE FIRST £200 OF EACH AND EVERY CLAIM

Do you require cover under this Section?

If YES please give details below

MAKE/MODEL	SERIAL NUMBER	YEAR MADE	PRICE PAID	SUM INSURED

PERSONAL ACCIDENT EXTENSION TO RIDER

Do you require this extension which provides the following Benefits as a result of an accident to the rider of any horse insured under Section 1?

YES/NO

BENEFITS	Death	£15,000
	Loss of one or more limbs	£15,000
	Total loss of sight in one or both eyes	£15,000
	Total deafness in both ears	£15,000
	Total permanent disablement entirely preventing Attendance to any gainful employment	£15,000

All occurring at or within 12 months of the accident

NB 1: The above amounts are reduced by 50% for persons under the age of 16 years

NB 2: The above amounts are reduced by 20% (twenty per cent) in respect of any person insured who was not wearing headgear conforming to BSEN1384, PAS015, ASTM F1163 or higher at the time of the accident

Dental Treatment £ 1,000

None of the above cover applies in respect of persons under 5 or over 75 years of age.

Please also answer the following questions and sign the declaration at the end

State the name of your previous insurers
And your Policy Number

State the date and time you wish this insurance to commence

DECLARATION

I/We declare that the answers given above (on which the Underwriters will rely in deciding whether to accept the risk and in fixing the premium) are true to the best of my/our knowledge and belief, and that the horses to be insured are in a sound state of health and have been free from injury, illness, lameness or other abnormality during the past 12 months and that no information has been withheld by me/us that might influence the Underwriters' acceptance and assessment of this insurance, and to accept a policy subject to the terms, conditions and exceptions contained therein.

BEFORE SIGNING THIS FORM PLEASE READ THE NOTES BELOW

Date of PROPOSAL

Proposer's Signature

1. If you are in any doubt about a particular fact being material to this insurance you should disclose it. Failure to disclose all material information may result in this insurance being void from inception, leaving you without insurance cover. You should keep a complete record (including copies of letters of all information supplied by the Underwriters for the purpose of entering into this contract of insurance).
2. At your request a copy of this completed proposal form will be supplied to you, provided the request is made within a period of 3 months after it's completion.
3. The Underwriters liability does not operate until acceptance has been notified. If the proposal should disclose any special features the Underwriters may quote special terms and they reserve the right to decline a proposal.
4. Details of full policy terms will be supplied on request.

COMPLAINTS PROCEDURE

We are committed to the principle of providing service of the highest quality. If, on occasions, this is not achieved we would ask that in the first instance you contact your insurance intermediary with your query or complaint. Alternatively you should contact B.I.B. Underwriters Limited, Unit 3D, Enterprise House, Valley Street, Darlington, Co Durham DL1 1GY (Tel: 01325 254400 Fax: 01325 254424).

If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints Department at Lloyd's to review your case without prejudice to your rights in law. The address is:

Complaints Department
Lloyd's
One Lime Street
LONDON
EC3M 7HA

Tel: 0207 327 5693 or 0207 327 6950

If after following the above procedure your complaint has not been resolved to your satisfaction, you have the right to refer the matter to the Insurance Ombudsman at the following address:

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
EC3M 7HA
0845 080 1800

LAW APPLICABLE TO CONTRACT

The parties are free to choose the law applicable to this insurance contract. Unless specifically agreed to the contrary this insurance will be subject to English Law.

NB: All rates quoted are subject to the addition of Government Insurance Premium Tax.

Issued by

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