



Aon Risk Services Australia Limited
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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

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

7. Has this type of insurance ever been cancelled, declined, non-renewed? If yes, explain: _____

8. Does your business engage in any other business operations under the name of the insured as will appear on the policy? If yes, explain: _____

Underwriting Information (cont'd)

9. Describe responsibilities and procedures for:

- (a) safety (eg type of instructions given to patrons before departure): _____

- (b) first aid (eg certified staff, location of first aid kit): _____

- (c) maintenance (eg what procedures are currently in place, daily walk of premises): _____

- (d) risk management (have you implemented a programme, if so please attach copy) _____

- (e) fire evacuation procedures and action plans implemented 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 Association ? If so, whom _____

12. Please state number of years experience for:

- (a) instructing: _____
- (b) operating this type of business: _____

13. Actual turnover last 12 months: \$ _____
Estimated turnover next 12 months: \$ _____

14. Number of horses you own: _____
Number of horses that you are responsible for: _____
Number of horses that are stabled at your premises: _____
What is the maximum value of all horses not owned by you, but in your physical or legal control at any one time: _____

15. Do you operate 12 months of the year YES/NO
If no please provide details _____

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? If yes, please provide details:

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

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

About your operation

1. Are visitors permitted to use horses without instruction or guidance? If yes, under what circumstances: _____

2. What enquiries are made about clients previous riding experience? _____

3. What type of protective equipment is used by riders? _____

4. Do students/riders provide their own horses? YES/NO
5. Do students/riders provide their own equipment? YES/NO
6. Do you organise dressage and riding events? YES/NO
7. Do you organise trail-riding meets? YES/NO
8. Do you organise rodeos? YES/NO *(Note: rodeos not covered under this policy)*
9. Do you conduct any other activities not otherwise shown on this application (i.e. accommodation) _____

10. Do you require cover for activities in Questions 6, 7 & 9 under this application : YES / NO
11. Do you hire out any of your facilities to third parties : YES / NO
If yes, please provide details _____
Turnover in respect of hire \$ _____
12. Do you use waivers YES / NO (If yes, please attach of copy)

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

1. (a) If you provide lessons, please advise the average number of lessons you provide per week: _____
(b) Average number of students per lesson: _____
(c) What is the minimum age of students you provide tuition to? _____
(d) Do you provide tuition to beginners? YES/NO
(e) What type of tuition is provided? _____

(f) Is all tuition conducted in an enclosed arena? YES/NO
If no, please provide full details: _____

(g) Do you operate clinics and/or camps YES/NO
If yes, please advise
Average number per month _____ Average number of students per clinic _____
Average duration (i.e 1 day, 2 days, 1 week) _____
Type of tuition provided _____
What other activities provided during clinic/camp, if any _____

(h) Are you an accredited Coach YES/NO
If yes, for which Association _____
If EFA please provide split between EFA and Non EFA students for questions 1 (a), (b) & (c) _____

Trail Rides (If you provide trail rides please complete the following questions)

1. Do you provide trail rides to : General Public / Students as part of a lesson (strike out that not applicable)
2. Please advise the average number of rides you take per week: _____
3. Average number of riders per ride: _____
4. Average duration of ride : _____
5. What is your staff to rider ratio _____
6. If overnight stays are provided, what services do you supply: (ie. Accommodation, food, beverages) _____

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

1. Do you provide pony rides as : Riding Tuition / Trail Rides / Pony Parties (strike out that not applicable)
2. Average number of rides provided per week: _____
3. How many horses/ponies do you use at any one time : _____
4. Average number of riders per group : _____

Agistment Centres (If you provide agistment 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. Please advise split between : Paddock % Stabled %
4. 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. 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. How many horses do you work on per month _____
2. If more than one section completed, what is your estimated turnover for training/breaking only _____
3. What experience/qualifications do you have in this field _____
4. Do you specialise in a particular breed or discipline _____
5. Do you train/break racehorses 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. How many horses do you work on per week _____
2. Breed and discipline of horses you work on : _____
3. Do you obtain history of ailments prior to commencing any work YES / NO
4. Do you ensure horses are relaxed / warm up soft tissue/muscles prior to work YES / NO
5. Please provide details of sanitary procedures you undertake to prevent spread of any diseases etc _____

Additional Information / Instructions

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

Important Notices

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.

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 Notice" 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

PRINT NAME IN FULL

TITLE / POSITION

DATE

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.