

Horse Insurance Services



Dear Sir / Madam

Thank you for your enquiry for £2 million Public liability for your horse at £43.80 per horse.

Please could you enter you name and contact details below, complete and return the attached proposal and payment forms to the address at the bottom of the page.

Proposer's full name:.....

Proposer's date of birth.....

Address:.....

.....

.....

Postcode:

Telephone:

Date Policy to commence from:.....

Upon receipt of your proposal and payment we will arrange the insurance from that date we receive the proposal or the above date if later.

Kind regards

Julie Andrews

Julie Andrews Horse Insurance Services.
12 Trelinnoe Close, South Petherwin, Launceston, Cornwall. PL15 7JX.
Tel./ Fax. 01566 774161 Email Julie@horseinsuranceservices.co.uk
Registered with the Financial Services Authority No.304435

Our Reference:

KBIS BRITISH EQUESTRIAN
INDIVIDUAL EQUINE PUBLIC LIABILITY PROPOSAL FORM
KBIS Ltd, Cullimore House, Peasemore, Newbury Berks, RG20 7JN
Tel: 01635 247474 Fax: 01635 248660

Proposer's Details:

Day time Telephone No: _____ Home Telephone No: _____ Mobile No: _____

DESCRIPTION OF COVER

Type of Insurance: UK - Individual Equine Public Liability
Type of Cover: Public Liability,
Scope of Cover: One Named Horse,
Limit of Indemnity: 2,000,000
Excess: GBP 500 Third Party Property Damage, Each and Every Loss,

HORSE DETAILS

1. Name of Horse:
Colour:
Year of Birth:

2. Name of Horse:
Colour:
Year of Birth:

3. Name of Horse:
Colour:
Year of Birth:

4. Name of Horse:
Colour:
Year of Birth:

5. Name of Horse:
Colour:
Year of Birth:

6. Name of Horse:
Colour:
Year of Birth:

Please complete the remainder of the form overleaf

CLAIMS HISTORY DECLARATION

Have any incidents occurred involving injury to an employee, third party or damage to their property, which has not been reported to Kbis British Equestrian Insurance?

Yes

No

If 'Yes' please give details below:

.....
.....
.....
.....
.....

Please note, any claims made or pending in respect of Public Liability must be notified to KBIS, these instances will be referred to our underwriters in order to set premium and may therefore increase the premium payable for this policy.

PROPOSER'S DECLARATION

This Proposal will form the basis of the contract between yourselves and the insurer. This section must be fully completed and if not your form will be returned to you for completion. Please note an incomplete proposal form may invalidate your insurance or may prejudice your position in the event of a claim.

Statement of Demands and Needs

STATEMENT OF DEMANDS AND NEEDS: This policy meets my demands and needs as a horse owner who wishes to fulfill the insurance requirements of my horse both now and in the future. I confirm the above cover is as required:

Yes

No

Data Protection

The details you have provided will be used by Kbis Limited to process your request in accordance with the Data Protection Act 1998 and other applicable laws. We share data with approved organisations for underwriting and fraud prevention purposes. We take steps to ensure an adequate level of protection is given to your information. In order to assess the terms of an insurance contract or administer claims that arise, we may need to collect data that the Data Protection Act 1998 defines as sensitive (such as medical data or criminal convictions). In order to process your information for the purposes of providing insurance and claims handling it may be necessary to pass your information to carefully selected third parties and other Group companies. By proceeding with this application you signify your consent to such information being processed this way.

I/We the undersigned hereby declare that all the above particulars and answers are true and complete in every respect, that no material fact has been suppressed or withheld and I/We further declare that if such statements and particulars are in the writing of any person other than the undersigned such person shall be deemed to have been my/our agent from the purpose of filling in the same and I/We agree that this Proposal and Declaration shall be the basis of the Contract between Me/Us and the Underwriters and shall be deemed to be incorporated in such Contract and I/We further agree to accept the ordinary form of Policy issued by the Underwriter for this class of Insurance.

Signed: Please also print:

Position: Dated:/...../20.....

