



COMBINED GENERAL & PRODUCTS LIABILITY INSURANCE EQUINE TRAINER AND COACH PROPOSAL

General

Insured Name (including individual and any registered business name):

Postal Address:				
Telephone No.	Business		Mobile	
Email:				
Website:				

Brief description of your activities to be insured by this policy: <i>(Coaching intermediate riders in dressage.... Training pleasure horses... etc)</i>

Please provide details regarding your experience including the number of years of horse coaching/training, and any other relevant experience (employment) or training: <i>(please also include relevant qualifications and/or qualifications you are undertaking):</i>

Are you a member of any equine related organisation? Further, are you an accredited coach for an association?

Horse Related Activities

What is the estimated number of participations per year?

Number of sessions multiplied by the number of participants at each session	Lessons	Clinics	Training	TOTAL

Describe the percentage breakdown of your horse related activities:

	Coaching (rider)%	Clinics (group)%	Training (horse)%	
Arena Instruction				100%
Jumping				100%
Cross Country				100%
Trail Riding				100%
Ground Work / Stock Work				100%
Other:				100%
				100%

State the Actual amount of Annual Turnover derived from these activities over the past 12 months:	\$
State the Estimated amount of Annual Turnover derived from these activities over the next 12 months:	\$

Agistment

Do you require cover for agistment at your premises?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, how many horses do you agist annually (on average)?	
If Yes, please provide Annual Turnover derived from agistment activities only:	\$

Property Owners Liability

Do you require cover for Property Owners Liability? For example, do you live on acreage and require cover for your legal liability as a property owner?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
If Yes, please provide the following details:			
Property Address:			
Number of Acres:			
Please nominate the type activities conducted at these premises:			
Hobby Farm <input type="checkbox"/>	Breeding/Grazing <input type="checkbox"/>	Agricultural <input type="checkbox"/>	Crops <input type="checkbox"/>
Host Farm <input type="checkbox"/>	Other:		
Please provide the estimated amount of Annual Turnover expected to be derived from these activities:			\$

Risk Management

Are there written procedures for your horse riding activities?	YES <input type="checkbox"/> NO <input type="checkbox"/> Assistance Required <input type="checkbox"/>
Eg: Do you carry out risk management procedures for your activities? If yes, please attach a summary (for example using the EFA Risk Management strategies, or the Australian Horse Industry Council Code of Practice as a basis of your activities)	
Do all riders wear helmets to Australian Standards (3838)?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Do all riders wear appropriate footwear and clothing during your activities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are waivers / medical forms/ indemnity forms signed by all riders? (If yes, please attach sample)	YES <input type="checkbox"/>	NO <input type="checkbox"/> Assistance Required <input type="checkbox"/>
Are you First Aid qualified?	YES <input type="checkbox"/>	NO <input type="checkbox"/> In Progress <input type="checkbox"/>

Business Details

Staffing numbers:	Full time	Part time	Casual
Owner operators			
Employees			
Volunteers			
Totals			

Estimated payments to Contractors/Sub Contractors:	\$
Do Contractors/ Sub Contractors hold their own Liability Insurance?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Described nature of work performed:	

Do you assume liability under contract or hold others harmless? (other than lease liability)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, please provide full details and attach copies of all agreements (other than lease liability)	

Please tick the Liability Sum Insured Required:		
<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000

Claims History

Have you had any insured and/or uninsured liability claims in the past five years?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, please provide details below:						
Dates:	No. of Claims Reported	Amount Paid & Outstanding	Applicable Excess	Description		

After investigation, are you aware of any circumstances which could give rise to a claim under the proposed policy and which are not mentioned above?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, please provide details:	
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Have you ever had your public liability insurance: cancelled, declined, non-renewed, or special terms imposed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, please provide details:	
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Have you ever been convicted of a criminal offence, been declared bankrupt or had your business placed in liquidation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, please provide details:	
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Please list your current insurer, number of years of insurance, and due date of your current policy:	
	N/A <input type="checkbox"/>

Inadequate Space to Answer

If there is inadequate space to answer any of the questions or make any comment or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this questionnaire giving full details of additional information.

Check here if separate sheets attached)

Declaration and Signature

1. The Duty of Disclosure, Inadequate Space to Answer and the Privacy notices set out above have been read by me/us.
2. All answers and statements made in this questionnaire are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.
3. I acknowledge Affinity Insurance Brokers reserves the right to decline any application.

Name: (Please print)	
Signature:	Date: / /



NOTICE TO THE APPLICANT FOR INSURANCE

1. YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with the insurer, you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the insurer every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the insurance risk 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 insurance.

Your duty however does not require disclosure of a matter:

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

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.

COMMENT

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (e.g. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything that might conceivably influence the insurer's consideration of your proposal.

2. SUBROGATION AGREEMENTS

Where another person would be liable to compensate you for any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person, the insurer will not cover you under the policy for any such loss or damage.

3. ROLE OF AFFINITY INSURANCE BROKERS

In arranging this insurance, Affinity Risk Partners (Brokers) Pty Ltd t/as Affinity Insurance Brokers ("**Affinity**") is acting under an authority given to it by Liberty Mutual Insurance Company T/As Liberty International Underwriters ("**Liberty**"), and is acting as **Liberty's** agent and not as your agent.

4. PRIVACY

Privacy Act 1988 – Information

The *Privacy Act 1988* contains National Privacy Principles which require **Liberty** to tell you that **Affinity** collects, handles, stores and discloses your personal and sensitive information in order to:

- decide whether to issue a Policy;
- determine the terms and conditions of your Policy;
- compile data; and
- handle claims.



Sensitive information includes, amongst other things, information about an individual's health, membership of professional associations and criminal records. You have given **Liberty** your consent for **Affinity** to collect your personal and sensitive information in order to issue you with this Policy.

We disclose personal information to third parties who we believe are necessary to assist us and them in providing the relevant services and products to you. For example, in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law. We limit the use and disclosure of any personal information provided by us to the specific purpose for which we supplied it.

You have the right to seek access to your personal and sensitive information and to correct it at any time. We aim to ensure that your personal information is accurate, up to date and complete.

If you would like to seek access to, or revise your personal information, or you feel that the information we currently have on record is incorrect or incomplete, or you believe that the privacy of your personal information has been interfered, with or you wish to obtain more information about or a copy of our privacy policy please contact us on the numbers listed below or at the following addresses:

Affinity Risk Partners (Brokers) Pty Ltd T/as Affinity Insurance Brokers

1/1265 Nepean Hwy, Cheltenham Vic 3192.

Ph: (03) 8587 7777

Fax: (03) 8587 7700

OR

Liberty Mutual Insurance Company T/as Liberty International Underwriters

Level 20, 66 Eagle Street, Brisbane QLD 4000

Ph: (07) 3235 8808

Fax: (07) 3235 8888

In these cases you are entitled to raise your concerns. Your complaint will be managed and resolved through our internal Privacy Complaint Procedure.

From time to time we may advise or offer you information on other **Affinity** or **Liberty** products or services that may be relevant and of interest to you. If you do not wish to receive these offers or information please contact us on the telephone numbers or addresses listed above.