

Liability: Equisential Professional and General Liability Proposal Form

Insured details

Company name:

Trading as:

Type of business: Registration:

VAT number:

Full business description:
(including company operations and activities)

Have you previously traded under a different name? Yes: No:

If yes, specify name:

Contact details

Telephone: Cellphone:

Email: Website:

Physical address

Street name and number: City / town:

Province: Area code:

Postal address

P.O. Box number: City / town:

Province: Area code:

Additional information

Brokerage: Broker name:

Insurer information

Previous / current: Policy number:

Has an insurer at any time, in respect of the company, it's Directors / Partners / Principle:

Declined your insurances? Yes: No: Imposed special terms? Yes: No:

Refused to renew your policy? Yes: No: Cancelled your policy? Yes: No:

Voided your policy? Yes: No:

If yes, why and who?

Quote to be placed on cover, details to be completed by Client

Quote number: Inception date:

Quote number: Inception date:

Initial

Details of loss / damage in the past 3 years

Year:

Date:	Details of loss or damage:	Amount:
Total:		

Year:

Date:	Details of loss or damage:	Amount:
Total:		

Year:

Date:	Details of loss or damage:	Amount:
Total:		

Membership association affiliation:

Association number:

Instructor certification: Program:

Certificate level:

Coverage information

Limits of Liability – Policy includes 1,000,000.00/1,000,000.00 Occurrence/Aggregate Optional Liability Limits: Increased or Decreased Limits Available:

R 2 500 000 occurrence / aggregate: R 5 000 000 occurrence / aggregate: R 10 000 000 occurrence / aggregate:

Professional / general liability information

Proposer's activities (select all that apply):

- | | | | | | |
|---------------------|--------------------------|------------------------------|--------------------------|-------------|--------------------------|
| Judge: | <input type="checkbox"/> | Show official / manager: | <input type="checkbox"/> | Steward: | <input type="checkbox"/> |
| Course designer: | <input type="checkbox"/> | Yard manager: | <input type="checkbox"/> | Clinician: | <input type="checkbox"/> |
| Technical deligate: | <input type="checkbox"/> | Professional rider / driver: | <input type="checkbox"/> | Instructor: | <input type="checkbox"/> |

Initial

Trail riding: Riding school: Therapeutic (supplimental info required):
Horse trainer: Other:

Assistant activities (mark number of assistants in boxes):

Judge: Show official / manager: Steward:
Course designer: Yard manager: Clinician:
Technical deligate: Professional rider / driver: Instructor:
Trail riding: Riding school: Therapeutic (supplimental info required):
Horse trainer: Other:

Number of grooms:

Total gross annual turnover (for all activities listed for applicant and assistants): (If none, indicate as R 0.00)

If 'Trainer' or 'Instructor' does your operation include out rides? Yes: No:

If yes, is the cost for out rides: Included within the lesson: Hourly rate:

Average monthly number of clients / students proposer instructs:

1 - 15: 16 - 29: 30 - 49: 50 +:

Average monthly number of horses proposer trains:

1 - 15: 16 - 29: 30 - 49: 50 +:

Average monthly number of horses each assistant trains:

1 - 15: 16 - 29: 30 - 49: 50 +:

Proposors primary training discipline:

Riding instruction is provided by: Proposer: Assistant(s): Other:

Livery / breeding:

Yes: No:

Total gross annual turnover (total livery): (If none, indicate as R 0.00)

From livery horses for training:

From livery contracts only (no training):

Does proposer have insurance for livery? Yes: No:

If yes, list insurer, plicy number and policy inception date:

Stud breeding: Yes: No:

Is proposer responsible for non-owned horse(s) during breeding? Yes: No:

Total gross annual turnover (breeding): (If none, indicate as R 0.00)

Type of ownership:

Closed corporation: Individual: Joint venture:
Propriety Limited Liability (PTY): Partnership: Sole trader:

Details of company:

Name of company: Proposer manager of business? Yes: No:

List company's operations, businesses and activities:

Initial

Insurance Declaration

Currently insured? Yes: No:

If yes, name of Insurer? Policy number:

Has an Insurer at any time:

Declined your insurance? Yes: No: Imposed special terms? Yes: No:

Refused to renew your policy? Yes: No: Cancelled your policy? Yes: No:

If yes, name of Insurer? Policy number:

Reason:

I/We declare that the particulars and declarations in this quotation are correct and complete and include all information known to me/us and which concern the risk to be insured, and that this and any other written declaration made by or on behalf of me/us for the sake of the requested insurance will be the foundation of, and will be incorporated in the agreement between me/us and Insurance Underwriting Managers (Pty) Ltd and that it will be binding. I/We hereby further declare that only those policy sections included in the quotation are required and will apply.

Full name	Capacity	Date	Signature
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Debit Order Authority

Account holder full name:

Name of bank: Account type:

Branch code: Name of branch:

Account number: Payment date: 1st: 7th: 15th:

I/we hereby request and authorise Insurance Underwriting Managers (Pty) Ltd ("IUM") and/or their collection agent(s) to draw against the above-mentioned account (or any other bank or branch whom I/we may transfer my/our Account) the amount necessary for the payment of the monthly premiums due to IUM in respect of the applicable insurance herein in accordance with the above-mentioned information as provided by me/us each consecutive month calculated from the commencement date of the insurance. All future payments and withdrawals from my/our bank shall be treated as though they had been signed by me/us personally.

I/we agree and/or accept the following to be applicable hereto:

- That all withdrawals herein will be processed via a computer system known as ACB magnetic tape service, and furthermore understand and accept that the details of each withdrawal will be printed on my/our bank account statement or on an accompanying voucher (if applicable).
- To pay any bank charges relating to this debit order instruction.
- Should the debit order collection date fall on a weekend or RSA public holiday, such withdrawal/payment will be executed the next ordinary business day thereafter.
- This authority may be either cancelled by me/us or IUM by giving 30 (thirty) days written notice; however I/we shall not be entitled to any refund of amounts which IUM and/or their collection agent(s) have withdrawn while this authority was in force if such amounts are legally owing to IUM.
- To authorise IUM and/or their collection agent(s) to deposit directly to the above-mentioned account, any amount/s which may be legally owing to me/us for whatever reason either in respect of any refund premiums of any amounts due to me/us in settlement of any claim.
- The amount debited may vary from time to time in order to reflect any changes in cover, risk, sums insured and/or applicable premium rates as determined by IUM.

Full name	Capacity	Date	Signature
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