

**Liability: Equisential Professional Instructor 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:
<b>Total:</b>		

Year:

Date:	Details of loss or damage:	Amount:
<b>Total:</b>		

Year:

Date:	Details of loss or damage:	Amount:
<b>Total:</b>		

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**

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:

Initial

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:

Proposer manager of business? Yes:  No:

Does the proposer permit dogs on premises while instructing or training? Yes:  No:

If yes, give details:

Note: This policy does not provide coverage for any claim made or suit brought against any 'insured person' for bodily injury or 'property damage' caused by or contributed to a bite by any canine owned by, or in the care or custody of any 'insured' person.

Mandatory requirement:

A copy of the release/waiver form used in your business must accompany this application. Having sight of such release/waiver form and subsequent possible issuance of a policy does not mean that RISQ has evaluated such release/waiver for its legalities or validity.

Copy attached? Yes:  No:

Additional equine activities (select all that apply):

Pony rides:  Horse drawn vehicle rides:  Commercial overnight guests:   
Day camps:  Horse rental to general public:  Horse sales:   
Trail Riding not included as part of lesson / instructions:   
Additional activities:  If additional activities, please specify:

**Declaration**

I / We declare that: I / We will give immediate notice to the insurer of any alteration of the risk herein submitted. I / We have not concealed any material facts which should be communicated to the insurer and agree that all information supplied by me is true and correct, and I / we understand that should this information ever be proved to be false or untrue, it may lead to the denial of any liability and cancellation of my cover. I / We agree that this proposal form and quote shall be the basis of the contract of insurance hereby applied for. I / We are willing to accept a policy subject to the terms and conditions contained therein and I / we understand that no insurance will be in force until IUM has signified acceptance of this proposal in writing to your broker.

\_\_\_\_\_  
Full name Capacity Date Signature

**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
-----------	----------	------	-----------

**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
-----------	----------	------	-----------