

## COMBINED GENERAL & PRODUCTS LIABILITY INSURANCE

### Equine Related Business

#### Application Process

1. Complete all sections below
2. Provide any relevant risk management documentation including but not limited to operations manuals, staff training, risk assessments, incident reports, checklists and qualifications
3. Email your completed application and risk management documentation to [insurance@affinityib.com.au](mailto:insurance@affinityib.com.au)

Please do not hesitate to contact the Affinity Team with any questions on 1300 130 535

#### 1) Contact Details

Insured Name <i>Including any individual and any registered business name</i>		
Contact Name		
Address		
City	State	Post Code
Phone Number	Email	
Website		
ABN		

#### 2) Limit of Indemnity

Please tick the Liability sum insured required		
<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000	<input type="checkbox"/> \$25,000,000

#### 3) Turnover

State the total turnover derived from your business activities over the last 12 months:?	\$
State the estimated turnover to be derived from your business activities over the next 12 months:?	\$

**4) Business Description**

<p><i>List of all activities to be insured under this policy</i>          (Please Note: failure to list all activities may result in not all activities being covered)          (Coaching intermediate riders in dressage, training performance horses, equine facilitated learning, farrier... etc)</p>
<p>Please provide all details regarding your experience including the number of years in your profession and any other relevant experience (employment) or training and qualifications:</p>

**5) Business Split**

Activity	% of business turnover	\$ amount
Agistment		
Horse Training & Breaking		
Riding Lessons		
Clinics		
Equine Assisted Learning/Therapy		
Trail Riding		
Facility Hire		
Property Owners (Non Horse Activities ie cattle sales, cropping)		
Accommodation & Catering		
Farrier/Dentist/Therapist		
<b>List Further Activities below</b>		

**6) State Activity Split**

Please provide a breakdown by state of where your Turnover was derived in the last 12 months									
ACT	NSW	VIC	QLD	TAS	SA	WA	NT	OS	Total
%	%	%	%	%	%	%	%	%	%

**7) Agistment**

Do you require cover for agistment at your premises? <i>Not including horses in training. If No, go to Section 8.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many horses do you agist at any one time? (on average)	
What is the maximum value horse you have on agistment?	
Do you provide riding facilities at your premises? (If yes provide further details)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**8) Horse Training/Breaking**

Do you require cover for training and/or breaking in horses? <i>If No, go to Section 9</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide board/Agistment for horses in training and/or breaking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many horses do you have in training and/or breaking at any one time (on average)?	
How much do you charge for an individual horse in training per month?	\$
What is the maximum value horse you have in training?	\$

**9) Clinics**

Do you require cover for clinics? <i>If No, go to Section 10</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the clinic organiser or coach?	
How many clinics do you organise/coach at per year on average?	
What is the average number of participants at each clinic?	
What activities occur at your clinics?	

### 10) Equine Assisted Learning/Therapy

Do you require cover for equine assisted therapy or learning activities? <i>Not including horses in training. If No, go to Section 11.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many sessions do you run per week? (on average):	
Describe the activities which your business undertakes <i>(Equine facilitated learning, EAGALA, Equine Assisted Therapy)</i>	
If therapy is provided is a qualified therapist engaged by the business? <i>If No, go to Section 811</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they engaged as an employee or a contractor?	<input type="checkbox"/> Employee <input type="checkbox"/> Contractor
Do you have separate professional indemnity insurance in place for therapy activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 11) Lessons

Do you require cover for conducting lessons? <i>If No, go to Section 12</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many lessons do you teach per week on average?	
% of riders using their own horse or your/riding school horse	Rider's Horse: %
	School Horse: %

Do you conduct any trail rides or riding in open areas for students as part of your riding lesson program? <i>If Yes, please provide details below. If No continue to Section 12.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
On what basis do you teach these participants (regularly, occasionally)?	
How many staff assist with these rides? What is the ratio of instructor to rider?	
Where are the trail rides in conjunction with riding lessons conducted?	
How do you assess the competency of the rider prior to taking them out? <i>If you have any documented assessment criteria, please provide this with your application.</i>	

**12) Commerical Trail Rides**

Do you require cover for conducting trail rides? <i>If No, go to Section 13</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, your application will be referred to our team. Please contact us if you have any questions.	

**13) Farriers/Dentists/ Horse Therapists**

Do you require cover for conducting business as a farrier/dentist/alternative therapists (ie massage)? <i>If No, go to Section 14</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please details of your qualifications and/or training	
Describe in full the activities conducted:	

**14) Accommodation/Catering/Facility Hire (Answer all questions)**

Do you require cover for facility hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description:	
Do commercial hirers (coaches, clubs etc) hold their own liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require cover for accommodation/camping?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description:	
Do you require cover for catering?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description:	
Relevant Approvals/ Qualifications:	

**15) Property Details (Answer all questions)**

Address				
City	State	Post Code		
Number of Acres				
Please provide a full description of all activities which occur on the property: <i>(cropping, cattle grazing, hay production, host farming, other businesses etc)</i>				
Do you own or lease the property?	<input type="checkbox"/>	Property Owner		
	<input type="checkbox"/>	Property Lessee		
Do you require coverage for the above activities and your exposure as a property owner or lessee?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**16) Contractors/Subcontractors/Employees (Answer all questions)**

Do you engage Farriers, Dentists, Therapists or Vets on behalf of your clients?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Estimated Payments to Farriers, Dentists, Therapists or Vets?	\$			
Do you engage Contractors/Subcontractors to complete your business activities? <i>(eg. instructors who are not employees but contractors)</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Estimated payments to Contractors/Subcontractors	\$			
Describe nature of work performed				
Do the above service providers hold their own liability insurance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**17) Staff**

Staffing Numbers	Full Time	Part Time	Casual
Owner Operators			
Employees			
Volunteers			
Contractors			
Totals			

**18) Risk Management (Answer all questions)**

Do all riders wear helmets to Australian standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all riders/handlers wear appropriate footwear and clothing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business comply with the relevant Australian Standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are waivers/medical forms/indemnity forms signed by all participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a risk management plan? <i>If Yes, please provide a summary of your risk management plan</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business/organisation have a documented OH&S Policy? <i>If Yes, please provide sample</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all staff First Aid qualified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Site or Organizational Accreditations? <i>If Yes, please provide details</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a member of any equine related organisation or an accredited instructor for an association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use ATV's or Quad Bikes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all vehicles used registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**19) Further Questions (Answer all questions)**

Are any activities held off your property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details (eg 80% of lessons are run at local showgrounds)	
Are any permits/contracts/permissions required to undertake your business activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details	
Do you assume liability under contracts or hold others harmless? (other than lessee liability)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide full details and attach copies of agreements	

**20) Claims History (Answer all questions)**

Have you had any insured and/or uninsured liability claims in the past five years?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dates	Amount Paid & Outstanding	Applicable Excess	Description	

Please list your current insurer, number of years of insurance, and due date of your current policy

**21) Declarations (Answer all questions)**

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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details			
Have you ever had your public liability insurance cancelled, declined non-renewed, or special terms imposed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details			
Have you ever been convicted of a criminal offence, been declared bankrupt or had your business placed in liquidation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details			
<b>NSW Stamp Duty Exemption for Small Business</b> I declare that the proposed insured is a small business with a turnover of less than AU\$2 million in the last financial year. Note that if No is selected or the question is left blank, in accordance with Ch 8, Pt 5A of the Duties Act 1997 (NSW), from 1 January 2018 LIU will charge stamp duty on risks that 1) occur within or partly within NSW or 2) cover NSW property.		<input type="checkbox"/> Yes	<input type="checkbox"/> No



I, the undersigned, declare and acknowledge:

- that I am, after enquiry, authorised by all person(s) or entities seeking insurance, to make this proposal;
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and I have not withheld any material information from this proposal
- that this proposal and any accompanying documents shall form or partly form the basis of the contract proposed.
- that until a Contract of Insurance is entered into, I am obliged to inform Liberty Specialty Markets of any changes to any information supplied or of any new information that is relevant;
- that I understand Liberty Specialty Markets relies on the accuracy of the information and documentation supplied proposing for this insurance;
- that I have read and understood the Important Notices which form part of this proposal;
- that I understand that no insurance is in force until a Contract of Insurance is entered into, which is upon the Proposer's acceptance of an offer by Liberty Specialty Markets, if any:

Name	Title
Signature	Date

*(To be signed by a partner or director.)*

## Privacy Notice

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Liberty Specialty Markets (Liberty) is a trading name of Liberty Mutual Insurance Company, which is a company incorporated in the United States. It is a member of Boston-based Liberty Mutual Group (LMG). Liberty Australia's head office contact details are:

Address: Locked Bag 18, Royal Exchange NSW 1225, Australia Phone : +61 2 8298 5800

Liberty is bound by the Privacy Act 1988 (Cth) and its associated Australian Privacy Principles when it collects and handles your personal information.

Liberty collects personal information, including from insurance brokers, in order to provide its services and products, manage claims and for purposes ancillary to its business. Liberty passes it to third parties involved in this process such as Liberty's related companies, reinsurers, agents, loss adjusters and other service providers. We may store your information with third party cloud or other types of networked or electronic storage providers. Third parties may be located locally or overseas in the United States, Canada, United Kingdom, Singapore, Hong Kong and Malaysia. Your information may be transferred to countries without comparable privacy laws if it is reasonably necessary to provide you with the products or services you seek from Liberty. If you do not provide the personal information Liberty or other relevant third parties require to offer you specific products or services, Liberty may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal information, make a privacy complaint, or if you have any query about how Liberty collects or handles your personal information please write to Liberty's Privacy Officer at the address above or by emailing: [privacy.officer.ap@libertyglobalgroup.com](mailto:privacy.officer.ap@libertyglobalgroup.com). To obtain a copy of Liberty's Privacy Policy go to Liberty's website ([libertyspecialmarkets.com.au](http://libertyspecialmarkets.com.au)) or request a copy from Liberty's Privacy Officer.

When you give Liberty personal or sensitive information about other individuals, Liberty relies on you to provide its Privacy Notice to them. If you have not done this, you must tell Liberty before you provide the relevant data.

## Important Notices

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### Your Duty Of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 (Cth), 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 the 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 disclosure of 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 its business, 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 (eg. 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.

### 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.

### 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 Specialty Markets ("Liberty") and is acting as Liberty's agent and not as your agent.

### 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.