

01622 815011 email equine@lion-insurance.com

Equestrian Liability Insurance Quotation Form

1. APPLICANT INFORMATION

Full Name:	
Business Name (if applicable):	
Address:	
Phone Number:	
Email Address:	
Preferred Contact Method (Phone Email):	

2. TYPE OF LIABILITY COVER REQUIRED

Please indicate the type(s) of cover required:

- Devic Liability
- Care, Custody & Control
- Products Liability

3. PUBLIC LIABILITY DETAILS

Cover Amount:

□ £1 million

- \Box £2 million
- \Box £5 million
- □ Other: £_____

Nature of Business Activities (tick all that apply):

□ Livery Yard

□ Riding School

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□ Freelance Instructor

□ Events/Clinics

□ Breeding

Other: ______

Average number of clients/visitors per week: _____

4. EMPLOYER'S LIABILITY

Do you employ staff or volunteers? (\Box Yes \Box No)

If yes, how many:

- Full-time: _____
- Part-time: ____
- Volunteers:

Nature of work undertaken by staff: _____

5. CARE, CUSTODY & CONTROL

Do you look after horses owned by others? (□ Yes □ No) Maximum number of horses at any one time: _____ Maximum individual horse value (£): _____

6. CLAIMS HISTORY

Have you had any insurance claims in the last 5 years? (\Box Yes \Box No) If yes, please provide details:

7. ADDITIONAL INFORMATION

Please include any further information relevant to your liability cover requirements:

8. DECLARATION

□ I declare that the information provided above is true and complete to the best of my knowledge.

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Signature: _____

Date: _____

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