

Stud Owner Care Custody and Control Proposal Form

Name of Applicant		
Address of Applicant		
		Post Code : <input style="width: 100%;" type="text"/>
Telephone Number		
Mobile Number		
Fax Number		
How long have you been in business		
How many boarding stables are there on the premises?		
Number of horses currently in your care at this time?		
Maximum number of horses you could have standing at any one time?		
Maximum sum insured potentially at any one time for all boarders?		
Average length of stay for visiting horses?		
Describe the construction (brick timber cement etc) of all buildings where the horses are stabled:		
Do the buildings have:	Sprinklers?	
	Fire extinguishers?	
	Smoke / fire alarms?	
	Security alarms?	
Do you own or lease the premises?		
If leased, who is responsible for the building and fence maintenance?		
How often is the fencing and pasture checked?		
What type of fencing is used for the pasture and paddocks?		
What is the maximum number of horses turned out per paddock?		
What is the maximum value of any one horse in your care?		
How many horses pass through the premises in any one year on average?		
How many staff do you employ?		
Number of Horse Transporters owned and used for picking up and delivering?		
Model and size		

Age	
Registration	
Last service and MOT	
Last maintenance on ramp	
How many horses can it carry at any one time?	

Model and size	
Age	
Registration	
Last service and MOT	
Last maintenance on ramp	
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Model and size	
Age	
Registration	
Last service and MOT	
Last maintenance on ramp	
How many horses can it carry at any one time?	

Do you transport for Third Parties? If 'yes' please provide details of frequency	
Is there a written contract between yourselves and the owners of the horses in your care? (If yes please provide a copy)	
Name of your regular veterinary surgeon	

Address of your regular veterinary surgeon		
	Post Code :	
How far away is the veterinary surgery from your premises?		
How often does the vet visit your premises?		

Has any claim been made against you in the past 5 years for alleged negligence to horses in your care? If 'yes' please provide details	
Are you aware of any circumstances which may give rise to a claim? If 'yes' please provide details	
Audited turnover for last year?	
Estimated turnover for this year?	
Commencement date required?	

Additional Details:

Signature of Proposed Assured:			
Print name:		Date:	