BE Members Insurance Claim Form Public Liability

Please complete where applicable and return to Andrea Keyworth, Cunningham
Lindsey, 2 The Boulevard, City West One Office Park, Gelderd Road, Leeds LS12 6NY.

Telephone: 01924 428639

Or email to: clientsupportunit@cl-uk.com

PLEASE NOTE:

Public Liability is intended to cover injury to a third party or damage to third party property as a result of a negligent act arising out of the ownership of a horse, for which the BE member may be held at fault. This is not

a policy to cover accidental damage to own property or self-inflicted injuries.							
Section 1: Personal	Details	Please complet	e where app	licable			
Member's Name			Members No	ship			
Member's Address			Members Category				
			Expiry Date				
			Date of E	Birth			
Postcode			Occupat	tion			
Telephone No							
Name of Affiliated C (if applicable)	lub						
Is Third Party making or in writing?	g a claim, eith	er verbally	Yes] No		
Type of activity at tim (eg Competing, Exe							
Section 2: Please co	omplete all se	ections					
Date of Incident		Place			Time		
Circumstances (plea	ase continue	on separate she	eet if necess	ary)			

Was the injured party taken to hospital from Yes No hospital factorial for the scene of the accident? Was the third party an employee of a BE Yes No hospital for injuries sustained or damage caused to the third party property: Are you a member of any other organisation involved in keeping, riding or competing with horses? Yes No No Highest No Hospital from Yes No Hospital factorial for injuries sustained or damage caused to the third party property: Are you a member of any other organisation involved in keeping, riding or competing with horses? Yes No Declaration No Hospital from Yes No Hospital from Yes No Hospital factorial for injuries sustained or damage caused to the third party property: Declaration Declaration Injuries sustained or damage caused to the third party property: Declaration Injuries sustained or damage caused to the third party property: Declaration Injuries sustained or damage caused to the third party property: Declaration Injuries sustained or damage caused to the third party property: Declaration Injuries sustained or damage caused to the third party property: Declaration Injuries sustained or damage caused to the third party property: Declaration Injuries sustained or damage caused to the third party property: Declaration Injuries sustained or damage caused to the third party property: Declaration Injuries sustained or damage caused to the third party property: Declaration Injuries sustained Injuries	Names and addresses of witnesses	
Was the injured party taken to hospital from Yes No he scene of the accident? Was the third party an employee of a BE Yes No member? Details of injuries sustained or damage caused to the third party property: Are you a member of any other organisation involved in keeping, riding or competing with horses? Yes No Horses? Please give name, address and membership number: (IT IS IMPORTANT THAT YOU COMPLETE BOTH THESE SECTIONS) Please give full name, address and policy number of your HOUSEHOLD INSURERS Declaration IWe hereby declare that the information given on this form is true to the best of my knowledge and belief.		
Was the third party an employee of a BE Yes No member? Details of injuries sustained or damage caused to the third party property: Are you a member of any other organisation involved in keeping, riding or competing with horses? Yes No Mo If yes, please give name, address and membership number: (IT IS IMPORTANT THAT YOU COMPLETE BOTH THESE SECTIONS) Please give full name, address and policy number of your HOUSEHOLD INSURERS Declaration I/We hereby declare that the information given on this form is true to the best of my knowledge and belief.	Names and address of third party	
Was the third party an employee of a BE Yes No member? Details of injuries sustained or damage caused to the third party property: Are you a member of any other organisation involved in keeping, riding or competing with horses? Yes No Mo If yes, please give name, address and membership number: (IT IS IMPORTANT THAT YOU COMPLETE BOTH THESE SECTIONS) Please give full name, address and policy number of your HOUSEHOLD INSURERS Declaration I/We hereby declare that the information given on this form is true to the best of my knowledge and belief.		
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Yes No	Details of injuries sustained or damage caus	sed to the third party property:
Yes No		
Yes No		on involved in keeping, riding or competing with
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