

## ABRS MEMBER - EQUINE CLUB REGISTRATION FORM

Name of Riding School	
Proprietor 1: Title	
First Name	
Surname	
Address:	
Town	
County	
Postcode	
Email address Company	
Email address Private	
Telephone Company	
Telephone Mobile	
Fax	
Web address	

Approx Number of riders each year

<input type="checkbox"/>	Yes please I would like to participate in the Equine Club as an inclusive benefit as a part of my ABRS Membership and participate in the ABRS Group Public Liability & Personal Accident Insurance Scheme for my customers. I understand there is no additional cost to me in doing so.
<input type="checkbox"/>	No thank you I do not wish to participate in the ABRS Group Public Liability & Personal Accident Insurance Scheme for my customers but I do wish to have free entry onto the Equine Club Portal.

### Declaration (only necessary for those participating in the ABRS Group Insurance Scheme)

I understand that I am purchasing insurance cover on behalf of those riders who register with the Equine Club when they complete a Rider Registration Form and only such customers for whom I have paid a premium (see below) will be insured by the ABRS Group Policies.

I agree to send all Rider Registration Forms and the sum of £14.50 for each Rider who is to be included in the ABRS Insurance Scheme and FREE membership to the Equine Club to South Essex Insurance Brokers Limited at no less than every 31 days.

I understand that it is my Riding School that is purchasing Insurance on behalf of my customers and that I cannot enter into any advice about the benefits of cover compared to that which they may already have but can provide customers with details of the benefits of cover that my School has purchased for them.

Signature	
Date	