



National Schools Equestrian Association,

Email: ask@kbis.co.uk

Web: www.kbis.co.uk

Please read all sections of this certificate carefully and check the details contained herein are correct.  
 If you do not require coverage please send back this certificate within 14 days of inception for cancellation. Tel: +44 (0)1635 247474  
 (0)1635 785111

<b>Combined Liability Insurance Certificate</b>	
THIS IS TO CERTIFY that in accordance with the authorisation granted under contract no. B1165B000519000 (A) to the undersigned by certain Insurance Companies, whose names and proportions underwritten by them appear below (all of whom are hereinafter referred to as "Underwriters") and in consideration of the premium specified herein, the said Underwriters are hereby bound, each for his own part and not for another, their Executors & Administrators, to insure in accordance with the terms & conditions contained herein or endorsed hereon.	
<b>Certificate/Policy No:</b>	KB19/A02597 <span style="float: right;"><b>Date Printed:</b> 14 October, 2019</span>
<b>Insured:</b>	National Schools Equestrian Association Ltd (NSEA)
<b>Business Description:</b>	Association responsible for inter-school events and competitions
<b>Type of Insurance:</b>	UK - Associations
<b>Period Of Insurance:</b>	<b>FROM:</b> 01/10/2019 <span style="float: right;"><b>TO:</b> 30/09/2020 <b>(Both Dates Inclusive)</b></span>
<b>Details of Policy Cover</b>	
<b>Type of Cover:</b>	Public/Products Liability,
<b>Scope of Cover:</b>	200 NSEA affiliated competitions of which 26 are organised by the NSEA or Seagull Equestrian Events Management Ltd (SEEM Ltd) as appointed by NSEA 800 Member Schools/6750 Individual Members
<b>Limit:</b>	£ 5,000,000
<b>Excess:</b>	GBP 500 Third Party Property Damage,
For the purposes of this Insurance, the Insured shall be deemed to be:	
<ul style="list-style-type: none"> <li>- The NSEA and the organising committee for their respective rights and interests</li> <li>- The organisation of the NSEA Championships, County Championships, Championship Plate and the Hickstead Eventers Challenge Championships</li> </ul>	
Additionally, cover is cascaded to	
<ul style="list-style-type: none"> <li>- Any school team affiliated to the NSEA whilst attending/competing at an NSEA event</li> <li>- Any member of a school squad whilst attending/competing at an NSEA event</li> <li>- The Team Trainer whilst attending/competing at an NSEA event</li> <li>- Course Builders, Judges, Officials and Volunteers whilst working at an NSEA event on behalf of the NSEA.</li> </ul>	
<b>Included Extensions:</b>	Members Indemnity <span style="float: right;">Included</span> Member to Member <span style="float: right;">Included</span>
<b>Endorsements/Warranties/Exclusions:</b>	
It is a condition of the policy that all sub-contractors that they engage maintain employers' liability and public liability policies that provide:	
<ul style="list-style-type: none"> <li>- Employers' liability coverage with a limit of indemnity of not less than £10,000,000 any one occurrence</li> <li>- Public liability coverage with an indemnity limit of not less than the limits provided by this policy</li> <li>- An indemnity to the Insured as principal</li> </ul>	
It is a further condition that the Policyholder does not assume by agreement any liability or potential liability that would not have attached to them in the absence of such agreement, including but not limited to, the assumption of any liability or potential liability on behalf of any bona fide sub-contractor, or the waiver of any rights of recourse against any bona fide sub-contractor.	
<b>Law &amp; Jurisdiction</b>	
This Policy is subject to English, Scottish or Northern Irish Law and the Jurisdiction of English, Scottish or Northern Irish Courts. If you wish to alter this to any other law or jurisdiction you must contact KBIS to request this change.	

If the Assured shall make any claim knowing the same to be false or fraudulent, as regards amount or otherwise, this certificate shall become void and all claims hereunder shall be forfeited.

*In witness whereof this Certificate has been signed at the place stated and on the date specified in the Schedule by:*

AUTHORISED SIGNATORY: FOR KBIS BE DATE: 14/10/19

**This Certificate of Insurance is valid according to the Schedule of Benefits and Policy Terms & Conditions.**

*The following page contains important notes regarding your policy*

Our Reference: KB19/A02597

Page 2 of Policy No: KB19/A02597

THE UNDERWRITERS hereby agree to the extent and in the manner hereinafter provided, to indemnify the Insured against legal liability suffered as a result of accidents happening during the period stated in the Certificate of Insurance, after such liability is proved.

PROVIDED ALWAYS THAT:

- i.) the liability of the underwriters shall not exceed the limits of liability expressed in the Certificate of Insurance or such other limits of liability as may be substituted therefore by memorandum hereon or attached hereto signed by or on behalf of the Underwriters;
- ii.) this Policy insured in respect ONLY of such of the sections hereof as are so specified in the Certificate of Insurance.

IN WITNESS whereof this Policy has been signed as follows:

**100% Liberty Mutual Insurance Company SE**

The liability of an insurer under this contract is several and not joint with other insurers party to this contract. An insurer is liable only for the proportion of liability it has underwritten. An insurer is not jointly liable for the proportion of liability underwritten by another insurer. Nor is an insurer otherwise responsible for any liability of any other insurer that may underwrite this contract.

The proportion of liability under this contract underwritten by an insurer is shown above.

The Insured is requested to read this Policy and, if it is incorrect, return it immediately for alteration.

This Policy is made and accepted subject to all the provisions, conditions, warranties and exclusions set forth herein, attached or endorsed, all of which are to be considered as incorporated herein.

In Witness whereof, this policy has been signed at the place stated and on the date specified in the Certificate of Insurance on behalf of

AUTHORISED SIGNATORY: .....

A handwritten signature in black ink, appearing to read "E. Day", written over a dotted line.

DATE:14/10/19