



**EQUINE COMBINED LIABILITY INSURANCE
SCHEDULE TO THE POLICY**

INSURED NAME & ADDRESS: Herd Thyme Limited The Post Office 90 Church Street Great Bedwyn Marlborough Wiltshire, SN9 5ET			
POLICY NO:	NOREQ546/25	BINDING AUTHORITY NUMBER	B6027CM3421A24
STATEMENT OF FACT DATED:			<u>18/10/2011</u>
PERIOD:	From: 08 November 2025	To: 07 November 2026	(Inclusive)
BUSINESS:	Ridden and non-ridden equine assisted learning, freelance instruction includes use of 3 own horses, wagon rides and back riding on own premises only (and no other)		
LIMITS OF INDEMNITY:			
SECTION A - EMPLOYERS LIABILITY	£10,000,000	any one occurrence, unlimited in the annual aggregate.	
SECTION B - PUBLIC LIABILITY	£10,000,000	any one occurrence, unlimited in the annual aggregate.	
SECTION C - PRODUCTS LIABILITY	£10,000,000	any one occurrence, limited in the annual aggregate.	
SECTION D - CARE, CUSTODY & CONTROL LIABILITY	£10,000 £100,000	any one horse. any one occurrence and in the annual aggregate.	
SECTION D (b) - BREACH OF PROFESSIONAL DUTY	Not included	in the annual aggregate.	
SPECIFIC EXTENSIONS TO SECTION B:			
1 Member's Indemnity	Not Included		
2 Member to Member	Not Included		
3 Customer's Indemnity	Included		
4 Riding Establishment Indemnity	Not Included		
5 Personal Liability	Included		
6 Freelance Instructors Liability	Included		
ENDORSEMENT(S) APPLYING:			
Clause 55 - Protective Clothing	Clause 68 - Landowners Indemnity		
Clause 57 - Horse Breeders/Dealers & Trainers	Clause 69 - Transport of horses		
Clause 62 - Efficacy Exclusion (Treatment)	Clause 70 - Rented Premises		
Clause 64 - Sale of animal food	Clause 73 - Personal Protective Equipment		
Clause 66 - Use of Chemicals	Clause 76 - Proprietors Own Horses		
Clause 67 - Event exclusion			
Clause 86 - Risk Assessment Forms			
Clause 85 - Horse Assessment Forms			
Notwithstanding anything to the contrary in Section A Exclusion 9.1, this insurance extends to include Legal Liability arising outside Great Britain, Northern Ireland, The Channel Islands and the Isle of Man in respect of temporary visits not exceeding 6 months by Persons Employed			
EXCESSES:	SECTION A	NIL	
	SECTION B	£500 each & every claim	
	SECTION C	£500 each & every claim	
	SECTION D	£500 each & every claim	
		£1,000 – maximum excess any one occurrence in respect of each section above	
MINIMUM AND DEPOSIT PREMIUM:			
	Section A	£1,033.20	
	Section B	£2,041.28	
	Section C	Premium included in Section B if Sections B&C are stated as included	
	Section D	£0.00	
	Premium	£3,074.48	
	Insurance Premium Tax @ 12%	£368.94	
	Administration Fee	£25.00	
	TOTAL	£3,468.41	
The premium is subject to adjustment as per Condition 25.5			
INSURER:	Markel International Insurance Company Ltd (MIICL)		

BROKER: This policy is effected through Cliverton, a trading name of Lycett, Browne-Swinburne & Douglass Ltd, 15-17 Norwich Road, Fakenham, Norfolk, NR21 8AU, and this has been issued in accordance with authority granted by MIICL.

The above-mentioned insurance is based on the following information:

Public Liability number of horses at	Up to	6 horses on site
Pony Clubs		Not included
Back riding		Included
Equine assisted learning on own premises only		Included, includes use of 3 own horses (Jimmy, Blackthorn and Nelson) Maximum 2 used at any one time.
Care, Custody & Control horses	Up to	Freelance instruction purposes only
Number of employees		9 employees

Excludes therapy for drug and alcohol dealing/use

Any variation of the above occurring during the currency hereof should be notified to Cliverton who will advise you of any premium adjustments that may become necessary.

Clause 85 – Horse Assessment Forms

It is a condition precedent to the Insurers liability that horse/pony assessment forms are completed and kept on file for each horse/pony used for tuition/equine facilitated learning/therapy/horse/pony ride purposes/business if the Insured is the designated Keeper of the animal as defined in the Animals Act (1971).

Furthermore, it is a condition precedent to the Insurers liability that:

- Horse/pony assessments forms shall be completed for every new horse that joins the business
- Horse/pony assessment forms must be updated at least every three years or if the horse/pony has been out of work for more than 30 days or involved in any type of incident horse/pony assessment forms must be used to reassess the horse/pony prior to it returning to work.

Clause 86 – Risk Assessment Forms

It is a condition precedent to cover that suitable risk assessment forms are completed and maintained by the Insured, in accordance with the Guidance published by the Health and Safety Executive (HSE).

In witness whereof this Schedule has been signed at the above address



Cliverton

Date

14/11/2025

Cliverton is a trading name of Lycett, Browne-Swinburne & Douglass Ltd. (Reg. No. 706042 England) who are authorised and regulated by



CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE (a)

(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 1998 (the Regulations), one or more copies of this certificate must be displayed at each place of business at which the policy holder employs persons covered by the policy)

Policy No **NOREQ546/25**

Reference No **B6027CM3421A24**

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|---------------------------------------|--------------------|
| 1. Name of policy holder | Herd Thyme Limited |
| 2. Date of commencement | 08 November 2025 |
| 3. Date of expiry of Insurance policy | 07 November 2026 |

We hereby certify that subject to paragraph 2:-

1. the policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey and the Island of Alderney (b); and
2. (a) the minimum amount of cover provided by this policy is no less than £10 million, restricted to £5 million for terrorism or asbestos(c).

Signed on behalf of Markel International Insurance Company Limited as defined in the Policy (Authorised Insurers)

Simon Wilson
President
Markel International

Notes

- (a) Where the employer is a company to which regulation 3(2) of the Regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- (b) Specify applicable law as provided for in regulation 4(6) of the Regulations.
See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy."
- (c) paragraph 2(b) does not apply and is deleted.

THIS IS YOUR CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE.

A copy of the certificate must be displayed at all places where you employ persons covered by the policy.

THE EMPLOYERS' LIABILITY (COMPULSORY INSURANCE) (AMENDMENT) REGULATIONS 2008 permits the display of this certificate in an electronic form, provided persons covered by this policy have reasonable access to it.

The employer is strongly encouraged to retain all records related to this insurance.

Name and address of issuing intermediary:

Markel International Insurance Company Ltd (MIICL)

20 Fenchurch Street, London EC3M 3AZ Tel: +44 (0)20 7953 6000 Fax: +44 (0)20 7953 6001

www.markelinternational.com

Registered at the above address. Registered in England number 00966670

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority



STATEMENT OF FACT – NON BLOODSTOCK

COMBINED LIABILITY INSURANCE
POLICY

These are the details supplied by you and form part of your contract of insurance. If the details are correct there is no need to take any further action. However, you should store this document in a safe place for future reference. If any details are incorrect or incomplete, please contact us as soon as possible and no later than 14 days from receipt of this statement. If you provide false or incorrect information or fail to advise us of any error, your policy may be cancelled or declared void and could affect your ability to claim.

Statement of Fact Date: 18 October 2011

Renewal Date: 07 November 2026

YOUR INFORMATION

Insured/Company Name	Herd Thyme Limited
Address	The Post Office , 90 Church Street , Great Bedwyn , Marlborough , Wiltshire, SN9 5ET
Phone Number	013292261157
Mobile Number	
Email Address	kirsten.self@howdeninsurance.co.uk
Date of Birth	20/04/1975
Occupation	Ridden and non-ridden equine assisted learning, freelance instruction includes use of 3 own horses, wagon rides and back riding on own premises only
Company Registration Number	
Employee Reference Number(PAYE Ref)	TBC

Employers Liability - £10,000,000 Limit of Indemnity

Please check total number of employees (part time = less than 24 hrs per week)

Work Experience – free of charge up to a total of 14 days per annum (minimum age 14)

Number of employees:	9 employees
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Public Liability Limit of Indemnity £10,000,000

Maximum No. of Horses:	6 horses on site
Care, Custody & Control	
maximum no. of horses not owned by you:	Freelance instruction purposes only
Maximum Value for any one horse:	£10,000
Freelance Instructors	Included, includes use of 3 own horses
Other Activities – shows / cross country / pony camps	Not included
Hiring out Facilities	Not included
Other Livestock	Not included

Disclosure Declaration

Have you, or any partner in business with you:

Had any proposal for insurance declined, renewal refused, cover terminated, special terms and conditions imposed by any Insurer in connection with Public / Employers Liability Insurance?	NO
Ever been convicted of, or charged with any criminal offense?	NO
Ever been declared bankrupt or been in receipt of any bankruptcy order?	NO
Ever been investigate or convicted under the Fraud Act 2006, or equivalent legislation?	NO
<i>If any answer is YES to the above, please provide full details on a separate sheet</i>	
I am aware of my obligations under the Health and Safety Act 1974.	YES
The electrical installations are checked and maintained in accordance with current health and safety.	YES
I am aware of my legal obligations under the Riding Establishment Act and relevant Licenses are held if required.	YES
No incidents have occurred involving injury to an employee or third party or damage to their property, which have not been reported to Lycetts.	YES
<i>If any answer is NO to the above, please provide full details on a separate sheet</i>	

Claims / incident History: No claims or incidents that could give rise to a claim

Date	Type of Loss	Payout	Brief Description	Status

Disclosure Agreement

I/We understand that non-disclosure or misrepresentation of a material fact will entitle Insurers to avoid this insurance or alter the basis of settlement of a claim. (A material fact includes information that you do know and information that you ought to know following reasonable questioning of your organisation's senior staff. Material facts are also those likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to whether a fact is material or not, you must disclose it).

Notice to the Insured

You should keep a record (including copies of any letters) of all information supplied to underwriters for the purpose of entering into this insurance. A copy of your completed proposal form will be available on request provided the insurance is effected. The parties are free to choose the law applicable to this insurance contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law. Any enquiry of complaint should be addressed in the first instance to your intermediary. If you are not satisfied with the way a complaint has been dealt with you can approach your chosen insurer Markel International Insurance Company Ltd (MIICL) and if you remain dissatisfied the insurance ombudsman whose address is: The Financial Ombudsman Service, Exchange Tower, London E14 9SR