



BOOKING FORM

HALLS HORSEBOX HIRE

Croyland 9 Bradley Lane, Frodsham, Cheshire WA6 6PX

Tel: 01928 739853 or 07958 339451

www.hallshorseboxhire.co.uk

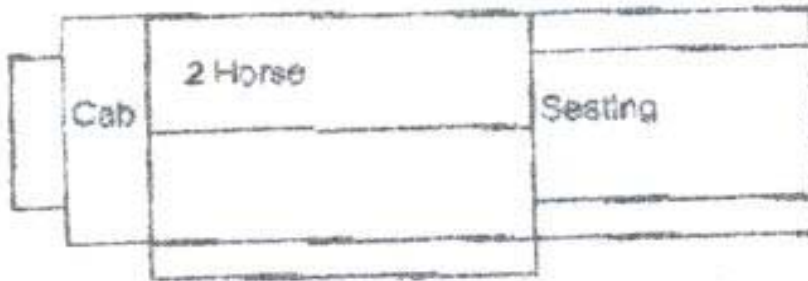
Hirers Name \_\_\_\_\_

(Please complete your Address, Contact & Hire Details on the attached Insurance Questionnaire)

Horses Heights \_\_\_\_\_ and \_\_\_\_\_

Please initial the acceptance of the damage/collision excess of £750.00 \_\_\_\_\_

Vehicle I



MILEAGE UPON COLLECTION	SIGNED HIRER
MILEAGE UPON RETURN	SIGNED HIRER

**From the 1<sup>st</sup> July 2008 - The mileage is limited to 450 miles per day, thereafter the mileage charge will be 20 pence per mile.**

Due to stipulations made by our insurers, we are unable to hire the horsebox to Foreign Service Personnel, Armed Forces, Entertainers, Students under 23 years of age, professional sportsmen and women, jockeys and persons connected with racing of any sort. I have read, agree and understand your terms and conditions and I authorize Halls Horsebox Hire to take money from the credit/debit card details I have given them, in the case of damage to the horsebox and if the horsebox is not returned full of diesel or in the case the horsebox is returned later than the time agreed and incurs financial time penalties. If your horse or pony will not load in the box and it is returned early there will be no refund. Please ensure all horse droppings are removed from the horsebox before return.

I further agree to be bound by the terms and conditions of the insurance which I have seen and read or have had the opportunity to see and read.

Signed for Hirer \_\_\_\_\_ Dated \_\_\_\_\_

**HALLS HORSEBOX HIRE ACCEPTS NO RESPONSIBILITY OR LIABILITY RELATING TO ANY ANIMAL/PERSON OR BELONGINGS TRAVELLING IN THIS VEHICLE.**

# SELF DRIVE HIRE HORSEBOX INSURANCE HIRER'S QUESTIONNAIRE



One form must be completed for each driver of the horsebox, on each & every occasion, other than drivers declared to and accepted by Underwriters as "regular drivers".

Basic Hirer Information				
Hirer's Name				
Home Address				
Tel Nos.	Home	Mobile	Work	
Email				
Date of Birth				
Occupation	Position Held	Nature of Business		
Nationality				
Journey Details				
Hire Dates & Times	Hire from	Collection Time		am/pm
	Date			
	To	Return Time		am/pm
	Date			
Reason for Journey <small>(e.g. going to a horseshow, taking horse to vets, own box being repaired)</small>				
Please indicate areas of use	England / Scotland / Wales / Northern Ireland / Other.....			
Driving History & Licence Information				
Country of Issue of Licence				
Type of Licence	Full (Cat B) 3.5 tonne / Full (Cat C1) 7.5 tonne / Full (Cat C) HGV			
Period Licence Held				
Claims / Accidents in last 3 years  (if none, state none)  * TP = Third Party <small>(i.e. the other party/s involved in the accident)</small>	Date	Who's Fault	What Happened	Cost
		Mine / TP* / 50-50		£
		Mine / TP* / 50-50		£
		Mine / TP* / 50-50		£
Thefts of Vehicles in last 3 years  (if none, state none)	Date	What Happened		Cost
				£
				£
				£
Motoring Convictions in last 5 years  (if none, state none)	Date	Conviction Code	No of Points	Fine
				£
				£
				£
				£
Medical Conditions  (if none, state none)	Medical Condition		Declared to the DVLA?	Any Restriction Applied to Licence?

How often do you drive a motor vehicle in the UK?	
Have you ever had insurance refused or declined?	If yes, please supply details below
Have you ever had insurance cover cancelled?	If yes, please supply details below
Has an insurer ever applied special terms to your motor insurance as a result of claims?	If yes, please supply details below
Have you any non-motoring convictions?	If yes, please supply details below

Details .....

**Please use this space for any other information you would like to declare**

**DECLARATION**

I declare that :-

- I have read the above questions and answers that have been completed accurately and fully by me or on my behalf from the information that I have supplied
- the statements and particulars given above are to the best of my knowledge and belief true and that no information has been withheld that may influence my acceptance as a driver
- I am not suffering from any loss or loss of use of limb, eye, defective (not corrected) hearing or vision, any heart, diabetic, epileptic condition nor any other infirmity that should be disclosed to the DVLA/DVLNI
- I have not been convicted of any motoring or non-motoring offences other than those stated above
- I have held a full driving licence for at least 12 months

I agree that the information supplied :-

- may be used to check my identity and my suitability to drive
- may be shared with others to facilitate the arranging of insurance on my behalf and for the purposes and processing insurance claims
- may be shared with fraud prevention agencies and databases

I further agree to be bound by the terms and conditions of the insurance which I have seen and read or have had the opportunity to see and read. I understand that subject to the provisions of the Data Protection Act 1998, I am entitled, on the payment of a small fee, to receive a copy of the information held about me.

Driver's Signature:

**Identification**

(please bring originals of the following documents with you, we will retain copies of your these documents for 12 months, failure to bring these documents with you, will result in you not being able to complete the hire)

Old Style (Paper) Driving Licence	no.
New Style Driving Licence (Photocard & Paper Counterpart Required)	no.
Utility Bills	provider date of bill
	provider date of bill
Passport	no.
Other Photo ID (e.g. work's ID card)	Description