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INNOVATIVE INSURANCE

PROPOSAL FORM

Welcare – Nursing, Residential and Rest Homes Insurance

Underwriting Agent . Lloyd's Broker

Registered Office: 50 Fenchurch Street, London. EC3M 3JY. Registered No. 608819 in England and Wales
Authorised and Regulated by the Financial Conduct Authority : FRN 121476

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1. IMPORTANT INFORMATION

1.1 Important Information

Please answer all of our questions.

Completing this form does not oblige us to agree to provide insurance to you, nor you to accept any quotation(s) we offer.

Should we accept your proposal, our acceptance will be based on the information presented to us being a fair presentation of you, your property and your business.

It is important that you understand that Insurers may treat policies as if they had never existed and decline all claims if you provide false or misleading information, withhold important information or fail to advise of any change to the information you have provided.

Please note that 'You' or 'Your' in the context of these questions and this proposal means the person(s) named as Proposer and/or any other director or partner of the named Proposer.

Unless you advise us otherwise, policy documents will be issued by email.

1.2 Data Protection – How we will use your Data

The Basics:

Camberford Law plc, and the underwriters with whom we arrange insurance, collect and use relevant information about you to provide you with insurance cover and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide insurance cover and may prevent us from handling your claims.

Your information may be shared with, and used by, a number of third parties in the insurance sector for example insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Other people's details you provide to us:

Where you provide us or your broker with details about other people, for example employees, you must provide this notice to them.

Your rights:

You have rights in relation to the information we hold about you, including the right to access your information held by us. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice, please use the contact details provided below or in our full privacy notice available at the website link below.

Want more details?

For more information about how we use your personal information and your rights please see our full privacy notice, which is available online at the following location:

www.camberfordlaw.com/privacy

Contact Details

Camberford Law plc
Data Protection Officer
50 Fenchurch Street
London
EC3M 3JY

2. CONTACT INFORMATION

2.1 Name of insurance broker (if any) making this declaration of facts:

2.2 Name of person providing information within this form:

2.3 Contact Email:

2.4 Contact Telephone Number:

3. PROPOSER DETAILS

3.1 **Proposer(s):**
Full name of Proposer including trading name. Also include any/all subsidiary companies to be insured.

3.2 **Individual Name(s):**
Please list the names and date of births of all Directors and/or Partners of the Proposer(s):

Name:	Date of Birth:

3.3 **Correspondence Address:**
Full postal (correspondence) address:

Post Code:

3.4 **Years Established:**
Number of years the proposer has been established:

3.5 **Years Experience:**
Number of years experience of the proposer within your business activities:

3.6 **FCA Classification:**
Please complete the following information which we must have for regulatory classification.

Does the Proposer’s annual turnover exceed EUR 2,000,000?	YES/NO
What is the total number of full time employees of the Proposer?	

4. BUSINESS ACTIVITIES

4.1 The business description for the proposed policy will be “Care and/or Nursing Home Management and/or ownership and no other for the purpose of this insurance”. If this is not sufficient to describe your business, please provide an explanation in the box.

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4.2 **Service User Profile**
Please detail the percentage split in profile of Service Users in relation to the proposed business.

Elderly (including those with Dementia)	%
Aged over 18 and with Learning Difficulties	%
Mental Health (but not Sectioned under the Mental Health Act 1983)	%
Aged under 18 years	%
Any other Service user profile that is not described above	%

4.3 **Service User Behavioural History**
Please confirm where there are any service users with the described behavioural history

Services users liable to be Sectioned under the provisions of the Mental Health Act 1983 or local equivalent of such legislation	YES/NO
Service users with a history of schizophrenia	YES/NO
Service users that have exhibited aggressive and/or violent behaviour (but not elderly service users where such behaviour is caused by dementia)	YES/NO
Service users with a history of sexual offences, arson or attacks on persons or property	YES/NO
Service users with a drug or alcohol dependency	YES/NO

4.4 Registration

Please answer the following questions in relation to your business

Are all Homes (Premises) to be insured registered under the Health and Social Care Act 2008 or any successor thereto or local equivalent AND with the relevant Regulating Authority?	YES/NO
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Have all requirements (if any) stipulated by a Regulating Authority been completed?	YES/NO
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Have there ever been, or do you have any reason to believe there could be, any objections or complaints raised regarding the registration of any of the Homes (Premises) to be insured?	YES/NO
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4.5 Inspections

When was the last inspection undertaken by, or on behalf of, the regulator, registration or local authority or other organisations with responsibility for care standards?

(for example : The Care Quality Commission (England), Care and Social Services Inspectorate Wales (Wales), Health Care Improvement (Scotland) and The Regulation and Quality Inspectorate Authority (Northern Ireland)).

5. GENERAL QUESTIONS

5.1 Please read the following questions and state if they are true in respect of this proposal.
Have you ever:

Had a proposal for insurance declined?

YES/NO

Had special conditions imposed onto an insurance policy or a policy cancelled?

YES/NO

Had a claim rejected by an insurer?

YES/NO

Had any criminal convictions (other than minor motoring offences) that are not yet spent or do you have any prosecution pending?

YES/NO

Been the subject of a County Court Judgement (or Scottish equivalent) or been declared bankrupt or insolvent or placed under administration?

YES/NO

Had an arson or suspected arson event, whether insured or not, at any property owned in part or in full by You or which you have occupied at the time of such event?

YES/NO

Had any formal objection or refusal of any registration or are there any circumstances known which may prejudice the continued holding of registration?

YES/NO

5.2 Financial Status and History of the proposer:

Are you currently trading at a loss or do you have debts that you may not be capable of servicing?

YES/NO

5.3 Does the proposer only undertake work within the United Kingdom, the Isle of Man, and the Channel Islands?

YES/NO

5.4 Does the proposer undertake any work in Northern Ireland?

YES/NO

5.5 Please use the box below to detail any further information

6. PREMISES

6.1 Please list the full address of any Premises to be insured:

(if property is not being insured, please still list the locations from which you trade)

Premises 1:

Post Code:

Premises 2:

Post Code:

Premises 3:

Post Code:

Premises 4:

Post Code:

7. INSURANCE PRODUCTS

7.1 PROPERTY AND BUSINESS INTERRUPTION

7.1.1 Please complete the table to provide details of the cover you require:

SECTION	SUM INSURED			
	Premises 1	Premises 2	Premises 3	Premises 4
Buildings (including fixed glass, landlord's fixtures/fittings, outside walls, gates and fences)	£	£	£	£
If there is an area of flat roofing, please state the approximate percentage	%	%	%	%
Stock and Materials in Trade	£	£	£	£
Residents clothing and personal effects	£	£	£	£
All Other Contents (including fixtures & fittings, machinery, plant, tenants improvements and computers)	£	£	£	£
Day One Uplift. Do you wish to have the Sum Insured for Buildings and Contents adjusted by up to 15% in the event that costs of reinstatement or repair escalate between the date of loss or damage and the eventual settlement date?	£	£	£	£
Rent Payable	£	£	£	£
Indemnity Period (Rent Payable)	£	£	£	£
Business Interruption (Gross Revenue)	£	£	£	£
Indemnity Period (Gross Revenue)	£	£	£	£
Additional Increased Cost of Working	£	£	£	£
Rent Receivable	£	£	£	£
Indemnity Period (Rent Receivable)	£	£	£	£
Computer Equipment Breakdown at the Premises (Maximum £50,000)	£	£	£	£
Computer Equipment Breakdown Increased Cost of Working (Maximum £25,000)	£	£	£	£

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7.1.2 General Property Sections (not premises specific)

Goods in Transit

(Included automatically at £2,500. Only state an alternative amount if you require a limit higher than this.)

Loss of Registration

Included automatically at £250,000. Only state an alternative amount if you require a limit higher than this.

All Risks to General Business Equipment

All Risks to Laptops & Mobile Phones

Fidelity Guarantee (Theft by Employees). **Maximum £100,000**

Money in Safe or Strongroom in the Premises

Included automatically at £2,500. Only state an alternative amount if you require a limit higher than this.

Money in Transit or Bank Night Safe

Included automatically at £5,000. Only state an alternative amount if you require a limit higher than this.

Book Debts

Included automatically at £25,000. Only state an alternative amount if you require a limit higher than this.

Stock Deterioration following Refrigeration Breakdown

Included automatically at £2,500. Only state an alternative amount if you require a limit higher than this.

7.1.3 Buildings/Construction (please answer the following questions in respect of this proposal)

Are the Premises constructed of brick and/or stone walls with slate, tile, felt, or concrete roof?

Do any of the Premises contain any composite panels?

Are any Premises Listed?

7.1.4 Security

Are all Premises to be insured occupied by waking/working staff at all times?

7.1.5 **Subsidence** (please answer the following questions in respect of this proposal)

Are all Premises free from signs of damage which may be attributable to Subsidence, Landslip or Heave?

YES/NO

Are any Premises being monitored or has it previously been monitored for Subsidence, Landslip or Heave – or actually incurred damage from Subsidence, Landslip or Heave?

YES/NO

7.1.6 **Flood**

Have any of the Premises to be insured ever flooded or are they unduly exposed to storm or high winds?

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

7.1.7 **Age of Buildings and Number of Storeys** (please complete the table to confirm the Age and number of storeys in respect of each premises to be insured)

	Premises 1	Premises 2	Premises 3	Premises 4
Year Built				
Number of Storeys				

7.1.8 **Terrorism.** Do you require Terrorism Cover?

YES/NO

7.2 LEGAL LIABILITY

7.2.1 Limits of Indemnity

Please state the limits of indemnity that you require for Employers and Public/Products Liability insurance

Employers' Liability (minimum £10m)	£
Public/Products Liability	£

7.2.2 Please confirm the total number of Service User beds in relation to your business:

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7.2.3 Please confirm your annual turnover:

Total Turnover for the Proposed Business: £

7.2.4 Wageroll & Turnover

Please confirm your Annual Wageroll:

	Estimated Annual Wageroll
Clerical (non manual work) employees	£
Manual working employees	£

7.2.5 Treatment. With regard to treatment and nursing, please answer the following:

Can you confirm that medicines prescribed by general practitioners to Service Users are administered by trained care workers (including Employees if applicable) sufficiently competent to ensure that required dosage levels are adhered to?

YES/NO

Can you confirm that the administration of drugs in other circumstances is only undertaken at Homes registered as providing nursing and by trained medical and nursing personnel?

YES/NO

In respect of any doctors, surgeons or dentists working in connection with your business, are they all suitably qualified and registered and hold their own relevant insurance?

YES/NO

Is treatment provided in relation to any Home (premises) in Scotland or Northern Ireland limited to first aid and the administration of drugs prescribed by a general practitioner?

YES/NO

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7.2.6 Health & Safety

Please answer the following questions regarding your work process and Health & Safety?

Is a written Health & Safety policy in operation which is made clear to all those working within your business?

Are the provisions of the Manual Handling Operations Regulations 1992 complied with?

Are the provisions of the Management of Health & Safety at Work Regulations 1999 complied with?

Are the provisions of the Control of Substances Hazardous to Health Regulations 2002 complied with?

Are the provisions of the Personal Protective Equipment at Work Regulations 1992 complied with?

Are the provisions of the Workplace (Health, Safety, and Welfare) Regulations 1992 complied with?

Are the provisions of the Regulatory Reform (Fire Safety) Order 2005, The Fire (Scotland) Act 2005, or The Fire & Rescue Services (Northern Ireland) Order 2006 – as appropriate – complied with?

Is an accident book kept recording all incidents including, but not limited to, back injuries to Employees?

Is the medical history of new staff checked with specific reference to back or neck injuries or dermatitis, and a record of such retained on each employee personnel file?

Are staff trained in manual handling and records retained recording such training?

Are lifting aids provided, used, and maintained where possible and staff trained in their use?

At all times are suitably qualified competent and experienced persons working in such numbers as are appropriate for the health and safety of the Service Users?

7.2.7 Domiciliary Care

Do you provide any domiciliary care services (care in the homes of Service Users)?

7.2.8 If you have answered YES to Question 7.2.7 please complete the table below:

Are you registered to provide domiciliary care services?	YES/NO
Please confirm the approximate percentage of your overall turnover that relates to domiciliary care	%
Please confirm the approximate percentage of your overall wagheroll that relates to domiciliary care	%

7.2.9 **Abuse Risk Management**

Please answer the following questions regarding your management of the risks of Abuse:

Employment:

Are all employees required to complete a written application form?	YES/NO
Do you verify the identity of all applicants prior to employment?	YES/NO
Are written references requested and independently verified for all employees?	YES/NO
Are all qualifications provided independently verified?	YES/NO
Do you undertake DBS checks on all employees prior to employment?	YES/NO
Do you undertake DBS checks on existing employees at least every 3 years?	YES/NO
Are all prospective employees required to declare if they have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the rehabilitation of offenders Act 1974 (Exceptions) order 1975 (as amended in 2013) or local equivalent?	YES/NO
Can you confirm that none of your employees (past or present) have ever been interviewed in connection with, or been the subject of any investigation or enquiry into, abuse or other inappropriate behaviour?	YES/NO

Training:

Does your induction and ongoing training for employees include awareness of the protection of service users/children?	YES/NO
Do all employees receive a summary of your protection procedures for service users/children?	YES/NO
Do you record the receipt, including signature, by employees of all policy procedures and guidelines?	YES/NO

Complaint Handling:

Do you have a formal procedure for dealing with complaints or concerns regarding abuse or neglect?	YES/NO
Does it include a Whistleblower policy whereby unacceptable conduct of Employees can be reported without recrimination?	YES/NO
Does it include guidelines on how to respond to allegations or concerns regarding abuse, neglect or other inappropriate behaviour?	YES/NO
Do you have a designated person to whom all complaints or concerns regarding abuse, neglect or other inappropriate behaviour are reported?	YES/NO
Are all such concerns or complaints recorded?	YES/NO

Management:

Do you have a written Policy Statement on the protection of service users/children?	YES/NO
Do you have documented instructions on the protection of service users/children?	YES/NO
Do you have a written Anti-Bullying Policy?	YES/NO
Do you have written instructions on managing behaviour and acceptable restraint?	YES/NO
Do you have a documented employee disciplinary and grievance procedure?	YES/NO
Do you have a designated person responsible for all issues regarding the protection of service users/children?	YES/NO
Do you have written guidelines on the roles and responsibilities of all employees and other persons providing services on your behalf?	YES/NO

Operations:

Do you have a documented method to ensure continued compliance with regulations and guidance on the protection of service users/children?	YES/NO
Are sufficient and suitable risk assessments undertaken and documented?	YES/NO
Do you have written guidelines on the supervision of service users/children during activities away from your main premises?	YES/NO
Do you have written standards of good practice for acceptable behaviour?	YES/NO
Do they include guidelines on intimate care or appropriate contact?	YES/NO
Do you have separate and secure means to store material relating to allegations or concerns?	YES/NO

7.2.10 **HMRC Employers Reference Number**

Company	ERN Status	ERN Number

If exempt, please explain below:

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7.3 DIRECTORS & OFFICERS LIABILITY

Do you require Directors & Officers Liability Insurance?

YES/NO

If YES, please complete questions 7.3.1 to 7.3.6. If NO, please continue to question 7.4

7.3.1 Limit

Please state the Limit of Indemnity required for Directors & Officers insurance:

7.3.2 D&O General Questions - Please answer the following questions in respect of this proposal:

Has the company been established for more than 12 months?

YES/NO

Do the Company's activities involve the provision of financial products or services?

YES/NO

Does the Company's latest annual report and accounts show a positive net income (after tax)?

YES/NO

Does the Company's latest annual report and accounts show a positive shareholder funds/net worth?

YES/NO

Does the Company have any assets or subsidiaries in the USA or Canada?

YES/NO

Are the Company's shares publicly traded on any stock exchange?

YES/NO

Have any claims been made against any past or present Director or Officer of the Company or its Subsidiaries?

YES/NO

Are you aware of any circumstances which may give rise to a claim?

YES/NO

7.3.3 Turnover

Please state your Company's total consolidated turnover as shown in your latest annual report and accounts:

7.3.4 Company Registration Number

Please state your Company Registration Number:

7.3.5 Entity and Employment Practices Liability Limit

Please indicate the Limit required for Entity and Employment Practices Liability. If NONE, please continue to question 7.4:

NONE	<input type="text" value="YES/NO"/>
£250,000	<input type="text" value="YES/NO"/>
£500,000	<input type="text" value="YES/NO"/>

7.3.6 Entity and Employment Practices Liability General Questions - Please answer the following questions in respect of this proposal:

Do you have written employment and grievance procedures that have been issued to all employees?	<input type="text" value="YES/NO"/>
Do you have MORE than 100 employees?	<input type="text" value="YES/NO"/>
Are you anticipating any redundancies in the next 12 months?	<input type="text" value="YES/NO"/>
Are any final stage disciplinary procedures or other formal processes underway that could give rise to a claim?	<input type="text" value="YES/NO"/>
Have there been any claims, or circumstances that might lead to a claim, involving any of you?	<input type="text" value="YES/NO"/>

7.4 LEGAL EXPENSES

Do you require Legal Expenses Insurance?

YES/NO

If YES, please complete questions 7.4.1 to 7.4.5. If NO, please continue to question 7.5

7.4.1 Wageroll

What is your estimated total Wageroll for the forthcoming period of insurance (next 12 months)

7.4.2 Contract Disputes

Do you require cover for contractual disputes?

YES/NO

7.4.3 Disputes, Prosecution, Activities

Have you, your business or employees been involved in any legal disputes, action or prosecution (excluding driving offences) during the last 5 years whether insured or not?

YES/NO

7.4.4 Redundancies

To the best of your knowledge and belief, are any redundancies envisaged in your business within the next 12 months?

YES/NO

7.4.5 Mergers/Takeover

In the last 3 years, have you been taken over, merged with or taken over any other company, or to the best of your knowledge and belief is it likely that your firm will take over another firm within the next 12 months?

YES/NO

7.5 BUSINESS CARE

7.5.1 Business Care

Do you require business care?

YES/NO

8. CLAIMS HISTORY

8.1 Claims History

Have you or any of your Directors or Partners, or any company of which any of you have been a director, or any partnership of which any of you have been a partner, sustained any loss or damage or had a claim made against you during the last 5 years?

YES/NO

IF YES please complete table below:

Date of Claim	Claim Type	Total Claim Amount	Status
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED

9. DECLARATION

9.1 Additional Information

In the box below, please state any additional information necessary to provide; insofar that it increases a risk or might otherwise be relied on by us to make a fair and reasonable assessment of your proposal.

9.2 Declaration

Do you confirm that the statements made and questions answered on behalf of the proposer are to the best of your knowledge and belief true and complete?

YES/NO

Signed:

Date: