

CAMBERFORD LAW PLC
WELCARE – Care Homes
ENQUIRY FORM

- Please note that 'You' or 'Your' in the context of this Enquiry Form means the persons named as Proposer and/or any other director or partner of the named Proposer company.
- Please answer all of the questions below. The answers given and any other information provided to Camberford Law PLC form the basis of the contract(s) of insurance effected.
- If any material facts are not disclosed by virtue of the answers You have provided herein, You must disclose these separately to Camberford Law PLC.
- A Statement of Facts will be issued based on the details provided in this Enquiry Form. Unless You advise us otherwise Policy Documents will be issued by email.

CONTACT INFORMATION

1	Name of insurance broker (if any) making this declaration of facts	
	Name of person completing this form	
2	Post Code of Insurance Broker (if any)	
3	Contact email address	
	Contact telephone number	

PROPOSER'S GENERAL DETAILS

4	Full name of proposer(s) (including trading name)									
	PAYE References (please do not answer this question if the proposer is ERN exempt or has no employees)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Company/Subsidiary Name</th> <th style="width: 30%;">PAYE Reference</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </tbody> </table>	Company/Subsidiary Name	PAYE Reference						
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INNOVATIVE INSURANCE

5 **Full postal (correspondence) address**

6 **Full Business Description**

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7 **Number of Years in Business (at the current location)**

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8 **Risk Addresses**
Please list the full addresses of any Premises to be insured, including Post Code

Premises 1	Premises 2	Premises 3	Premises 4	Premises 5

9 **Are any of the Premises situated outside of the UK, Northern Ireland, the Channel Islands, and the Isle of Man?**

	YES/NO
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GENERAL QUESTIONS

10 **Please read the following statements and confirm that they are true in respect of this proposal:**

Neither you nor any principal in the business has ever had an insurance proposal declined, special conditions imposed, had a claim rejected nor had an Insurer refuse to renew a policy or cancel a policy.

Neither you nor any principal in the business has ever had any criminal convictions (other than minor motoring offences) nor have any prosecution pending.

Neither you, nor any other director or partner, nor any company of which any of you has been a director, nor any partnership of which any of you have been a partner has been the subject of a County Court Judgement (or Scottish equivalent) or been declared bankrupt or insolvent or placed under administration.

There have been no formal objections or refusals of an application for any licence held or applied for by any principal, director or partner in the business and there are no circumstances known which may prejudice the continued holding of a licence.

I confirm that all of the above statements are correct

	YES/NO
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INNOVATIVE INSURANCE

- 11 If any of the statements above are not true in relation to this proposal, or if there is any additional information that should be disclosed, please use the box below to provide full details. Please leave the box blank otherwise.

- 12 Does any principal, partner or director in the business have any other business interests? If YES, please detail in the box below. YES/NO

YOUR BUSINESS

- 13 **SERVICE USERS**
Can you confirm that all Service Users are within the following categories?
- | | |
|--|--------|
| a Elderly (including those with Dementia) | YES/NO |
| b Aged over 18 and with Learning Difficulties | YES/NO |
| c Mental Health (but not Sectioned under the Mental Health Act 1983) | YES/NO |

If you have answered NO, please provide details in the box below of the other categories of service user applicable.

- 14 **MENTAL HEALTH and SERVICE USER BEHAVIOURAL HISTORY**
Do you have any Service User:
- | | |
|--|--------|
| a Under 18 years of age | YES/NO |
| b Liable to be Sectioned under the provisions of the Mental Health Act 1983 | YES/NO |
| c With a history of schizophrenia | YES/NO |
| d That has exhibited aggressive and/or violent behaviour | YES/NO |
| e With a history of sexual offences, arson or attacks on persons or property | YES/NO |
| f With a history of drug or alcohol dependency | YES/NO |

- 15 **SERVICES PROVIDED**
Is surgery, endoscopy, haemodialysis, peritoneal dialysis or treatment by lasers undertaken at any of the Homes (Premises)? YES/NO

Do you provide any of the following?

- a Care in the homes of Service Users
- b Other Care in the Community
- c Sheltered Accommodation

	YES/NO
	YES/NO
	YES/NO

If you have answered YES to any of the above questions, please provide details in the box below.

16 REGISTRATION

Can you confirm that the following statements are true in respect of the business proposed and for every Home (Premises)?

- a All Homes (Premises) to be insured are registered under The Health and Social Care Act 2008 or any successor thereto or local equivalent AND with the relevant Regulating Authority?
- b All requirements (if any) stipulated by a Regulating Authority have been completed.
- c There has never been and you have no 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
	YES/NO
	YES/NO

If you have answered NO to any of the above questions, please provide details in the box below.

17 TREATMENT

With regard to treatment and nursing, can you confirm that the following statements are true in respect of the business proposed and for every Home (Premises)?

- a Medicines prescribed by general practitioners to Service Users are administered by trained care workers (including Employees) sufficiently competent to ensure that required dosage levels are adhered to.
- b The administration of drugs in other circumstances is only undertaken at Homes registered as providing nursing and by trained medical and nursing personnel.
- c Doctors, surgeons or dentists are suitably qualified and registered and hold their own relevant insurance.
- d Treatment provided in relation to any Home (Premises) in Scotland or Northern Ireland is limited to first aid and the administration of drugs prescribed by a general practitioner.

	YES/NO
	YES/NO
	YES/NO
	YES/NO

If you have answered NO to any of the above questions, please provide details in the box below.

18 HEALTH & SAFETY

Can you confirm that the following statements are true in respect of the business proposed and for every Home (Premises)?

	YES/NO
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INNOVATIVE INSURANCE

- i. A written Health and Safety policy is in operation;
- ii. The provisions of the Manual Handling Operations Regulations 1992 are complied with;
- iii. The provisions of the Management of Health and Safety at Work Regulations 1999 are complied with;
- iv. The provisions of the Control Of Substances Hazardous to Health Regulations 2002 are complied with;
- v. The provisions of the Personal Protective Equipment at Work Regulations 1992 are complied with;
- vi. The provisions of the Workplace (Health, Safety and Welfare) Regulations 1992 are complied with;
- vii. 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 - are complied with;
- viii. An accident book is kept recording all incidents including, but not limited to, back injuries to Employees;
- ix. Medical history of new staff is checked with specific reference to back or neck injuries or dermatitis, and a record of such retained on each employee personnel file;
- x. Staff are trained in manual handling and records retained recording such training;
- xi. Lifting aids are provided, used and maintained where possible and staff trained in their use;
- xii. At all times suitably qualified competent and experienced persons are working at the Homes in such numbers as are appropriate for the health and safety of the Service Users.

If you have answered NO to any of the above questions, please provide details in the box below.

THE PREMISES

19 WET PERILS

Is any Premises in a flood plain or area that has previously flooded or unduly exposed to storm or tempest?

Premises 1		YES/NO
Premises 2		YES/NO
Premises 3		YES/NO
Premises 4		YES/NO
Premises 5		YES/NO

20 SUBSIDENCE

Can you confirm that the following statements are true?

- i All Premises are free from signs of damage which may be attributable to Subsidence, Landslip or Heave; YES/NO
- li All Premises are not and have not been monitored for Subsidence, Landslip or Heave or actually incurred damage from Subsidence Landslip or Heave; YES/NO
- lii None of the Premises are in areas that are prone to Subsidence. YES/NO

21 THE BUILDING

Are the Buildings of all locations to be insured constructed of brick or stone external walls and with a roof constructed of slate, tile, concrete, lead or felt?

YES/NO

Are all electrical installations inspected at regular intervals in accordance with Electricity at Work Regulations 1989 or as subsequently amended?

What percentage, if any, of the roofing is flat and constructed of felt on timber?

22 SECURITY

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

COVERAGE REQUIREMENTS

23 SUM INSURED/LIMIT

Please specify the Sum Insured/Limits you require

SECTION	Premises 1	Premises 2	Premises 3	Premises 4	Premises 5
Buildings					
Trade Contents					
Goods in Trust & Stock in Trade					
Fixtures & Fittings					
Tenants Improvements					
Business Books and Documents					
Employee Effects (maximum £500 per person)					
Residents Clothing and Effects					
Total number of Residents limit per resident					
All Other Property (Contents)					
Business Interruption					
Revenue					
Indemnity Period	12 Months	12 Months	12 Months	12 Months	12 Months
Employers Liability £10,000,000					
Total Wageroll of Clerical Staff					
Total Wageroll of Manual Staff					
Public Liability £5,000,000					
Total number of beds					
Loss of Registration					

INNOVATIVE INSURANCE

Fidelity Insurance					
Computer					
Computers at the Premises					
Tapes, disk packs and other data bearing material					
Portable/Laptop Computers					
Reinstatement of Data					

CLAIMS

24 Loss Experience

Has the Proposer or any other director or partner, or any company of which any of you have been a director, or any partnership of which any of you been a partner sustained any loss or damage or had a claim made against them during the last 5 years?

YES/NO

Details of any loss or damage:

Date	Details	Amount Paid	Amount Outstanding

LEGAL EXPENSES INSURANCE

Complete this section only if You require Legal Expenses cover

This is a "Before the Event" policy and specifically excludes events that have already taken place

25 Do You require Legal Expenses cover

YES/NO

DIRECTORS & OFFICERS LIABILITY INSURANCE

Complete this section only if You require Directors & Officers cover

This type of policy is written on a "claims made" basis. There are no days of grace for renewal negotiations under this type of policy. Cover will terminate at expiry date.

26 Do You require Directors & Officers Liability Cover?

YES/NO

If YES, please fill in the following

27 Please state Your Company registration Number

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

£

Please read the following statements and state if they are true in respect of this proposal:

- a) The Company has been established for more than 12 months
- b) The Company's activities do not involve the provision of financial products or services
- c) The Company's latest annual report and accounts shows positive net income (after tax)
- d) The Company's latest annual report and accounts shows positive shareholder funds/net worth
- e) The Company does not have any assets or subsidiaries in the USA or Canada
- f) The Company's shares are not publicly traded on any stock exchange
- g) No claims have been made against any past or present Director or Officer of the Company or its Subsidiaries?
- h) You are not aware, after enquiry, of any circumstance which may give rise to a claim.

Can You confirm that all of the above statements are correct?

YES/NO

28 **Limit Required**

£

DECLARATION

Important Notes - Please Read Carefully

All material facts must be disclosed. If there are material facts not disclosed in making this declaration, You must disclose them in the box below or separately to Camberford Law Plc.

Failure to disclose material facts could result in the policy being invalidated. Material facts are those facts which might influence the acceptance or assessment of the proposal.

Data Protection:

For Data Protection Act purposes the Proposer's personal data will be held and processed for insurance administration. For this purpose the information may also be passed to selected third parties including other insurers, credit reference agencies and reinsurers. By entering into this contract of insurance, the insurance advisor who arranged this contract of insurance on behalf of the Proposer has confirmed their authority to disclose the Proposer's personal data and to consent on the Proposer's behalf to the processing of that data by the Underwriters.

The Proposer has a right to access (subject to limited exceptions) and if necessary rectify the information that we hold.

Insurers pass information to the Claims and Underwriting Exchange register and the Motor Insurance Anti-Fraud and Theft Register. These registers have been established to help check the information provided and also to reduce fraudulent claims. These registers may be searched when dealing with any request for insurance. Under the conditions of the policy, all incidents must be declared whether or not they may result in a claim. The information may be passed to the registers.

Declaration:

I/We declare that the above statements are true and complete to the best of My/Our knowledge and belief and I/We have not mis-stated or suppressed any material fact. I/We undertake to exercise all reasonable precautions for the safety of the insured property. I/We agree that this proposal together with any other information supplied by Me/Us shall form the basis of the contract between the underwriters and Me/Us. I/We agree that if any information has been given by any person other than myself/ourselves that person is my/our agent for that purpose.