

# GENERAL INFORMATION

Reference Number (Office Use Only)

This form was

on

by

Please state your position \ relationship to the Business

First name(s) of the Proposer(s)

Surname(s) of the Proposer(s)

Name of any limited company

Is the Business a registered Charity?

Trading name of the Proposer

Tel No

Mobile No

Fax No

Website

Email

Postal Address

Postcode

Preferred Method and time(s) of contact

Business Premises (Insured) Address

(If different to Postal Address)

Postcode

Have you appointed an agent to deal with the insurances?

If you have answered Yes to the above, then please state their name here

Have you been insured with Aldium at any time in the past?

How did you find out about us

## BUSINESS & PRINCIPAL(S) HISTORY

How long have you carried on this type of business

a. at these premises? (years)

b. at other premises? (years)


If you have owned\managed a care home for less than 1 year, please provide details of the principal(s) experience in the care sector

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Have you, any partner, director or trustee ever been

a. declared bankrupt or the subject of bankruptcy proceedings?

b. a director of any company which went into liquidation, administration or receivership?

c. been convicted, charged (but not yet tried) or received an official caution for any criminal offence (other than motoring)


If you have answered Yes to any of the above, then please give full details and dates below

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# INSURANCE HISTORY

In respect of any risks for which cover is now required

- a. has the business suffered any loss or damage or incurred any liability in the past 5 years?
- b. have the principal(s) in any other business suffered any loss or damage or incurred any liability in the past 5 years?
- c. do you know of any incident which is likely to give rise to loss or damage or incur any liability?


If you have answered Yes to any of the above, then please give details below. (please use Additional Info if not enough space)

Date	Amounts Paid	Amounts Outstanding	Circumstances \ Details

Please give details of any remedial action taken to prevent or reduce the possibility of reoccurrence.

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For any insurance that this Proposal relates to and in respect of any business conducted by you either at the Business Premises or elsewhere, please state whether any Insurer has

- a. declined a proposal
- b. cancelled or refused to renew any insurance
- c. imposed special terms


If you have answered Yes to any of the above, then please give full details and dates below

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Please state

- a. the name of your current Insurers
- b. the name of your current Insurance Brokers
- c. the renewal date of your current insurance
- d. the new renewal premium offered by your current Insurers
- e. in the absence of e. above, the premium currently being paid
- f. the target premium

£	
£	
£	

## BUSINESS ACTIVITIES

Please complete in respect of your business activities

Type of Activity	Estimated Annual		Registered No
	Revenue	Wageroll	Service Users
Care Home only			
Care Home with Nursing			
Close Care			
Day Care			
Assisted Living			
Domiciliary Care			
Meals On Wheels			
Adult Placement			
TOTALS			

If there is any activity in your business from which you derive a revenue and is not included above, then please state details here.

Do you provide

- a. recreational facilities e.g. swimming pool, gymnasium, etc?
- b. vocational activities e.g. animal care, woodworking, etc?
- c. organised activities at or away from the premises e.g. garden fetes, firework displays, excursions, etc?

  
  

If you have answered Yes to the above, then please provide details here

Do you own or operate any other business?

If you have answered Yes to the above, then please state trading name & postcode, business activity and next insurance renewal date

## MANAGEMENT PRACTICE, COMPLIANCE & REGULATION

Have any of the following stipulated any requirements which have not yet been completed?

- a. The Regulatory Authority with whom you are registered
- b. A Local Authority
- c. The Fire Authority
- d. The Environmental Health Authority

  
  
  

If you have answered Yes to any of the above, then please give details below

Is the manager of the business qualified to the minimum regulatory requirements?

Are all employees of the business qualified to the minimum regulatory requirements?

If the answer to the above is No, then please give details below

Have there been any incidents, allegations or complaints of abuse or assault in connection with the business in the past 5 years?

If the answer to the above is Yes, then please give details below

# SERVICE USERS

Please state the number of Service Users you are registered for

Please indicate the numbers in the following age groups you would typically have or look for

5 - 11

12 - 15

16 - 17

Please state the number of Service Users by category

Physical Disability

Alcohol Dependency

Sensory Impairment

Drug Dependency

Learning Disability

Emotional Behavioural Disabilities

Terminally Ill

Autism Spectrum Disorder

Acquired Brain Injury

Mental Health

**In order to comply with the provisions of the Data Protection Act 1998, we do not ask in the following questions (and nor should you volunteer) the names or any other means of identifying individuals to whom your answers may refer.**

Does the home provide residential accommodation for any Service Users under the provisions of the Mental Health Act 1983 (i.e. 'sectioned') whether that be on a compulsory or voluntary basis?

If you have answered Yes to the above, please provide the following in respect of each individual:

Age	Period detained	Reason for Detention including the MHA Section applicable

Does the home care for Service Users with a history of violence, aggression, sexual offences or arson?

If you have answered Yes to the above, please provide the following in respect of each individual:

Age	Period With You	Details of violence, aggression, sexual offence or arson committed

If you have inserted details above, please provide further details of how they are managed in order to protect other persons from injury:

Excluding any already mentioned above, does the home care for Service Users who require close\1 to 1 supervision?

If you have answered Yes to the above, please provide the following in respect of each individual:

Age	Period With You	Reason for and extent of supervision provided

# THE PROPERTY

In respect of the main Building *only* at the Business Premises to be insured, please state

- a. usage
- b. purpose built for current usage
- c. year built (approximation if you don't know the precise year)
- d. no of storeys
- e. listed or a country mansion
- f. construction of walls
- g. construction of roof
- h. maximum percentage of (any) flat roof
- i. construction material of flat roof portion


If you have answered 'Other' to f, g or i above, then please give details of construction and what portion of the whole building this relates to.

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Are the Business Premises or any part of them

- a. in a position or area which makes them vulnerable to storm, lightning or flood?
- b. on a site which has suffered from flooding in the past 5 years?
- c. less than 5 meters above and within a 5 mile radius of any watercourse or sea level


If you have answered Yes to any of the above, then please give details below

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In respect of the Business Premises or any part of them, are you aware of

- a. any existing or past structural damage?
- b. any subsidence, landslip or ground heave in the neighbourhood?
- c. any mines, quarries, excavations, cliffs or erosion in the neighbourhood?


If you have answered Yes to any of the above, then please give details below

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Do you or any person other than Service Users reside in the main Building?

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If you have answered Yes to the above, then please provide details

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Are there any Outbuildings to be insured which are *not* of built of brick, stone, slate or tile

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Do you require the contents of any Outbuildings to be insured

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If you have answered 'Yes' to either of the above, please provide details as follows:

- a. usage
- b. no of storeys
- c. construction of walls
- d. construction of roof
- e. maximum percentage of (any) flat roof
- f. construction material of flat roof portion
- g. value of (any) contents to be insured
- h. description of contents



If you have answered 'Other' to c, d or f above, then please give details of construction and what portion of the whole building this relates to.

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## COVER & SUMS INSURED (1)

For assistance please read the page entitled "Cover & Sums Insured - Advice For Completion".

Amounts already stated are minimum standard limits in the policy you can expect regardless of Insurer and will apply unless you overwrite.

There are many other items covered not mentioned here because they are included in the policy with set sums insured \ limits as standard.

You should check the Policy Summary For Care Homes to establish if these are adequate for your needs.

Buildings	£	<input type="text"/>
Trade Contents	£	<input type="text"/>
Service Users' Effects (per Service User)	£	<input type="text"/>
All Other Contents (Describe)	£	<input type="text"/>
Is cover required for loss or damage by Terrorism?		<input type="text"/>
Is cover required for loss or damage by Sprinkler Leakage?		<input type="text"/>

Estimated Revenue for the next 12 months	£	<input type="text"/>
Indemnity Period (Months)		<input type="text"/>
Outstanding Book Debts	£	<input type="text"/>

Employers Liability Indemnity Limit any one incident.	£	<b>10,000,000</b>
Employers Liability Indemnity Limit any one incident of Terrorism	£	<b>5,000,000</b>
Employers Liability Indemnity Limit any one Period of Insurance	£	<b>Unlimited</b>

Public Liability Indemnity Limit any one incident	£	<input type="text"/>
Public Liability Indemnity Limit any one Period of Insurance	£	<b>Unlimited</b>
Care Treatment Liability any one Period of Insurance	£	<b>5,000,000</b>
Products Liability Indemnity Limit any one Period of Insurance	£	<b>5,000,000</b>
Professional Indemnity any one Period Of Insurance	£	<input type="text"/>
Retroactive Date		<input type="text"/>

Glass and Sanitaryware	£	<b>Unlimited</b>
Do you have a conservatory?		<input type="text"/>

Refrigerated Stock in any one Period of Insurance	£	<input type="text"/>
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Goods in Transit any one Period of Insurance	£	<input type="text"/>
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Computers (excluding laptop computers) and Peripherals	£	<input type="text"/>
No. of Laptop Computers		<input type="text"/>
Value of all Laptop Computers	£	<input type="text"/>

Money in Transit to\from Bank	£	<input type="text"/>
Money on Premises 8am to 6pm	£	<input type="text"/>
Money on Premises in a Locked Safe between 6pm to 8am	£	<input type="text"/>
Money in Principals' or Employees' Private Homes	£	<input type="text"/>
Personal Assault - Death and Capital Sums	£	<b>10,000</b>
- Temporary Total Disablement (Limit per week)	£	<b>100</b>

Loss Of Registration Limit Of Indemnity - Any one Period of Insurance	£	<input type="text"/>
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Legal Expenses Maximum Indemnity Limit each sub-section	£	<input type="text"/>
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## COVER & SUMS INSURED (2)

Do you require cover for Fidelity Insurance (i.e Employee dishonesty)?

£

Do you require cover for Personal Accident?

Occupational or 24 hour cover

Amount of Weekly Benefit required

£


Do you require cover for all Employees or for specified individuals only?

If specified individuals only, in respect of each, please state:

Name	Age	Position \ Duties

Do you want to take advantage of a Long Term Agreement discount?

Please state the number of

- Steam Boilers
- Calorifiers
- (All types of) Hoists
- Passenger and/or Goods Lifts
- Wheel Chair Lifts
- Stair Lifts
- Dumb Waiters


Aldium provide very competitive prices for a range of insurances and will provide a £25 discount off any others.

If you would like to take advantage of this and receive a free quotation, please state the type of insurance, in whose name it is in and the next renewal date - we will store this information and contact you at the appropriate time.

Type Of Insurance	Insured Name	Next Renewal
Professional Indemnity\Trustee or Director & Officers Indemnity		
Minibus		
Private Car		
Home Buildings		
Home Contents		
Travel		
Other (please specify)		

## ADDITIONAL INFORMATION

Please use this space where you need to expand on any answers you have given