

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

Trading name of the Proposer

Tel No

Mobile No

Fax No

Website

Email

Postal Address

Postcode

Contact Name

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?

No

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 similar business 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)

No
No
No

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?

No
No
No

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

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

No
No
No

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

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

Are you a member of a Trade Association

Please state which

Please state your annual turnover in respect of all the business activities

£

Please indicate the activities undertaken

Personal Care

Admin of prescribed\non-prescribed medicines

Night care

Respite care

Cleaning\cooking\household tasks

Shopping

Handyman\gardening

Supported living

Holiday accompaniment

Please state the percentage of annual turnover for the following activities

Qualified nursing

Childcare

Please provide an approximate percentage split of the environments where activities are undertaken

1. Individuals' own homes
2. Residential homes
3. Nursing homes
4. Hospitals

If you have given a percentage to 2, 3 or 4 above, please state if there are any specific trading conditions when providing staff which pass the onus of liability on to who has taken those staff

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

Please state the percentage of annual turnover and give further details in respect of the following activities

Learning disabilities

Specialist childcare

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

EMPLOYEES

Please provide a breakdown of your annual wagheroll as follows

Categories Of Workers		No	Wageroll
Clerical			
Registered Nurses			
Care Workers			
Other (describe)			
Other (describe)			

THE PROPERTY

Type	
Location	
Approximate Age	
No Of Storeys	
Basement	
Listed or Country Mansion	
Construction of Walls	
Construction of Roof	
Maximum Percentage of (any) Flat Roof	
Construction Material of Flat Roof Portion	
Construction of Upper Floors	

Do you own the building	
Years established at this address	
Are you the sole occupier	
What floors do you occupy	
Nature of other occupations	
Is your unit self contained	
Neighbouring Occupations	
Your usage of the property	

External Doors Security	
If Answer to above is Other, please give details	
Accessible Windows Security	
If Answer to above is Other, please give details	
Intruder Alarm	
Maintenance Agreement	
CCTV	
Manned security	
Other security	
ATM on premises	

Fire alarm	
Sprinklers	
Primary heating type	
Secondary heating type	

Vulnerable to Storm, Lightning or Flood	
Suffered Flooding in the past 5 Years	
Less than 5 meters above any river or sea within 5 mile radius	
Existing or past Structural Damage	
Subsidence, Landslip or Groundheave in Neighbourhood	
Mines, Quarries, Excavations, Cliffs or Erosion	

If you have answered Yes to any of the above, please provide further details here

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COVER & SUMS INSURED (1)

Amounts already stated are minimum standard limits regardless of Insurer and will apply unless you overwrite.

Buildings.	£	<input style="width: 95%;" type="text"/>
Tenants Improvements	£	<input style="width: 95%;" type="text"/>
Contents (other than Computers, Peripherals & Electrical Equipment)	£	<input style="width: 95%;" type="text"/>
Electrical Equipment (other than Computers & Peripherals)	£	<input style="width: 95%;" type="text"/>
All Other Contents (Describe) <input style="width: 450px; height: 20px;" type="text"/>	£	<input style="width: 95%;" type="text"/>
Is cover required for loss or damage by Terrorism?		<input style="width: 50px; height: 20px;" type="text"/>
Is cover required for loss or damage by Sprinkler Leakage?		<input style="width: 50px; height: 20px;" type="text"/>

Estimated Revenue for the next 12 months.	£	<input style="width: 95%;" type="text"/>
Indemnity Period (Months)	-	<input style="width: 50px; height: 20px;" type="text"/>
Increased Cost of Working	£	<input style="width: 95%;" type="text"/>
Indemnity Period (Months)		<input style="width: 50px; height: 20px;" type="text"/>
Outstanding Book Debts	£	<input style="width: 95%;" type="text"/>

Employers Liability Indemnity Limit any one incident	£	<input style="width: 95%;" type="text"/>
Employers Liability Indemnity Limit any one incident of Terrorism	£	<input style="width: 95%;" type="text"/>
Employers Liability Indemnity Limit any one Period of Insurance	£	Unlimited

Public Liability Indemnity Limit any one incident	£	<input style="width: 95%;" type="text"/>
Public Liability Indemnity Limit any one Period of Insurance	£	Unlimited
Medical Malpractice Indemnity any one Period of Insurance	£	<input style="width: 95%;" type="text"/>
Professional Indemnity any one Period Of Insurance	£	<input style="width: 95%;" type="text"/>
Retroactive Date		<input style="width: 95%;" type="text"/>

Computers (excluding laptop computers) and Peripherals	£	<input style="width: 95%;" type="text"/>
No. of Laptop Computers		<input style="width: 50px; height: 20px;" type="text"/>
Value of all Laptop Computers	£	<input style="width: 95%;" type="text"/>
Reinstatement of Computer Records		<input style="width: 95%;" type="text"/>

Money in Transit to\from Bank	£	<input style="width: 95%;" type="text"/>
Money on Premises 8am to 6pm	£	<input style="width: 95%;" type="text"/>
Money on Premises in a Locked Safe between 6pm to 8am	£	<input style="width: 95%;" type="text"/>
Money in Principals' or Employees' Private Homes	£	<input style="width: 95%;" type="text"/>
Personal Assault - Death and Capital Sums	£	<input style="width: 95%;" type="text"/>
Temporary Total Disablement (per week for 52 weeks)	£	<input style="width: 95%;" type="text"/>

Loss of Registration Limit of Indemnity	£	<input style="width: 95%;" type="text"/>
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Legal Expenses Maximum Indemnity Limit each sub-section	£	<input style="width: 95%;" type="text"/>
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COVER & SUMS INSURED (2)

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

Indemnity Amount

£

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?

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