

# 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

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 care home for less than 1 year, please provide details of the principal(s) experience in the care sector

--

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

--

# 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.

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

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


£  
£  
£

## COVER AND ITEMS TO BE INSURED

Please state the number of

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


Cover will be for inspection and the issue of a certificate at frequencies in accordance with current legislation and regulations

Do you also require cover for Accidental Damage?

Do you also require cover for Electrical\Mechanical Breakdown?

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

## ADDITIONAL INFORMATION

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

**Aldium provide very competitive prices for a range of insurances and will even give a 10% discount off all 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
Care Home		
Domestic Home Buildings		
Domestic Home Contents		
Private Car		
Travel		
Other (please specify)		