

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

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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

Please complete in respect of your business activities

Type of Activity	Estimated Annual Revenue	Registered No Service Users
	Supported Living	
Assisted Living		
Close Care		
TOTALS		

Please indicate the activities undertaken

- Meeting tenancy requirements
- Paying household bills and budgeting
- Shopping & general household tasks
- Preparing or assisting preparing meals
- Prompting or providing personal care
- Support to participate in community activities
- Attending medical and/or other appointments

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

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Do you provide

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

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

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Do you own or operate any other business?

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

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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

No

No

No

No

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?

Yes

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

Yes

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?

No

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

EMPLOYEES

Please provide a breakdown of your annual wageroll as follows

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

SERVICE USERS

Please state the number of Service Users by age

Registered Numbers	Registered Numbers					
	Under 16	16 - 17	18 - 25	26 - 54	55 - 64	Over 64

Please state the number of Service Users by category

Old Age only

Alcohol Dependency

Dementia (EMI)

Drug Dependency

Physical Disability

No Medical Intervention

Sensory Impairment

Emotional Behavioural Disabilities

Learning Disability

Autism Spectrum Disorder

Terminally Ill

Mental Health

Acquired Brain Injury

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?

No

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?

No

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:

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 | No |
| c. year built (approximate if you don't know precise year) | |
| d. no of storeys | |
| e. listed or a country mansion | No |
| f. construction of walls | Brick |
| g. construction of roof | Tile |
| h. maximum percentage of (any) flat roof | |
| i. construction material of flat roof portion | Not Applicable |

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.

Are the Business Premises or any part of them

- | | |
|--|----|
| a. in a position or area which makes them vulnerable to storm, lightning or flood? | No |
| b. on a site which has suffered from flooding in the past 5 years? | No |
| c. less than 5 metres above and within a 5 mile radius of any watercourse or sea level | No |

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

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

- | | |
|--|----|
| a. any existing or past structural damage? | No |
| b. any subsidence, landslip or ground heave in the neighbourhood? | No |
| c. any mines, quarries, excavations, cliffs or erosion in the neighbourhood? | No |

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

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

No

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

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

No

Do you require the contents of any Outbuildings to be insured e.g. gardening equipment etc?

No

- | | | |
|---|--|--|
| 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.

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"/>
Landlords Contents	£	<input type="text"/>
Service Users' Contents	£	<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 Annual Rental Income	£	<input type="text"/>
Estimated Annual Revenue other than above	£	<input type="text"/>
Indemnity Period (Months)		<input type="text"/>
Outstanding Book Debts	£	<input type="text"/>

Employers Liability Indemnity Limit any one incident.	£	<input type="text"/>
Employers Liability Indemnity Limit any one incident of Terrorism	£	<input type="text"/>
Employers Liability Indemnity Limit any one Period of Insurance	£	Unlimited

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

Glass and Sanitaryware	£	Unlimited
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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 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
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