



**NEW INDIA
ASSURANCE**



PROPOSAL FORM

CARE HOMES

Care Homes Proposal

Please complete this form in BLOCK CAPITALS

It is very important that you complete this form fully and correctly, and disclose all material circumstances which you know or ought to know which should be reasonably revealed by a reasonable search of information available to you. If you are in any doubt about whether or not a circumstance is material, you should disclose it.

The policy wording is available on our website or can be obtained from your insurance broker or our Ipswich Branch Office.

If there are Yes/No options please tick the one that applies

General Information

1. Full name of Proposer

Trading name of Proposer

ERN (Please insert HMRC Employer Reference Number or state if Exempt. The ERN can be found on many documents including the P45, P60 and P11/D. The format is usually NNN/LLNNNNN or NNN/LNNNNN where N is a number and L is a letter).

Do you have any subsidiary companies? Yes No

If 'YES', please provide a list of subsidiary companies covered by this policy including any ERN not stated above:

2. Proposer's address

Postcode

Tel. No.

3. Address of business premises, if different from above

Postcode

Tel. No.

4. Period of insurance required from

renewable annually

5. Full business description

6. Does the home provide residential Accommodation for:

(a) anyone under 18 years of age? Yes No

(b) anyone between 18 and 55? Yes No

(c) those who are liable to be detained under the provisions of the Mental Health Act 1983? Yes No

(d) those displaying, or with the potential for displaying, aggressive or violent behaviour? Yes No

(e) anyone with a history of sexual offences, arson or attacks on persons or property? Yes No

(f) anyone with a history of alcohol or drug dependence? Yes No

If any answer is 'Yes', please give details of age and medical condition

7. (a) Is surgery, endoscopy, haemodialysis, peritoneal dialysis or treatment by lasers undertaken at the Home? Yes No

(b) Do you provide Pre and/or Post Operative Care? Yes No

8. Do you provide

(a) Care in the homes of any Service Users? Yes No

(b) Other Care in the Community? Yes No

(c) Sheltered Accommodation? Yes No

(d) any other facilities/activities? Yes No

If 'Yes' to any of the above, please give details including percentage of turnover

9. Is the Home registered under The Health and Social Care Act 2008? Yes No

If 'Yes', please attach a copy of the Registration Certificate

10. If the Home is in Scotland or Northern Ireland, is the treatment provided restricted to first aid and the administration of drugs prescribed by a general practitioner? Yes No

Please advise the name of the Regulating Authority responsible for this business

11. Is the home registered as a charity with the Inland Revenue? Yes No

12. (a) Do you have a written Health and Safety policy? Yes No

(b) Are you complying with the provisions of the

i) Manual Handling Operations Regulations 1992? Yes No

ii) Management of Health and Safety at Work Regulations 1999? Yes No

iii) Control of Substances Hazardous to Health Regulations 2002? Yes No

iv) Personal Protective Equipment at Work Regulations 1992? Yes No

v) Workplace (Health, Safety and Welfare) Regulations 1992? Yes No

vi) Regulatory Reform (Fire Safety) Order 2005, The Fire (Scotland) Act 2005 or The Fire & Rescue Services (Northern Ireland) Order 2006 as appropriate? Yes No

13. (a) Do you keep an accident book? Yes No

(b) From your accident book, how many incidents have been recorded, over the last twelve months involving back injuries to employees?

The answers to questions 14 and 15 require full details about yourself, any member of your family directly connected with the business and your partners or directors.

14. Have you or any director or partner been declared bankrupt, been a director of any company which went into liquidation, administration or receivership, or been convicted of or received a police caution for or been charged with but not yet tried for arson, criminal deception, fraud, forgery, theft, robbery, or handling or any crime of violence associated with these or with any other offence against property? Yes No

If 'Yes', please give details

15. In respect of any insurance to which this proposal relates and any business conducted at the premises or elsewhere, state whether

(a) any insurer has
i) declined a proposal Yes No

ii) Cancelled or refused to renew a policy? Yes No

iii) imposed special terms? Yes No

If any of these answers is 'Yes' please give details

(b) during the past five years

i) there has been insurance at any time Yes No

If 'Yes' state names of Insurer below

ii) loss, damage or liability, whether insured or not, has arisen Yes No

If any of these answers is 'Yes' please give details

16. Has the Authority under which the Home is registered or has the fire authority stipulated any requirements which have not yet been completed? Yes No

If 'Yes' please give details, and state the deadline for completion

17. When you (or any previous proprietor) applied for registration certification, were any objections or complaints raised? Yes No

Do you have any reason to believe that objections would be raised to future applications or renewals? Yes No

If either answer is 'Yes', please give details

18. (a) State the period in business at Home Years

(b) How many years experience has the management/proprietor had in running a care home? Years

19. Is any principal, director or person in charge a qualified medical or dental practitioner? Yes No

If 'Yes'

(a) please give details

(b) does the practitioner hold Professional Indemnity insurance? Yes No

20. (a) Do you establish the medical history of new staff, including specific reference to back/neck injuries and dermatitis? Yes No

(b) Do you keep a record of this information on the employee's personnel file? Yes No

21. (a) Are all appropriate staff trained in manual handling? Yes No

(b) Is this training logged with a copy signed by the employee? Yes No

22. (a) Are lifting aids e.g. hoist belts slings etc. provided and regularly maintained? Yes No

(b) Are all appropriate staff trained to use the lifting aids provided? Yes No

(c) Are lifting aids used in preference to manual handling? Yes No

23. (a) State the maximum number of beds available to residents

(b) Of these how many residents receive nursing care?

(c) What is the minimum ratio of staff to resident? (including overnight)?

24. (a) Do you live on the premises? Yes No

(b) Do any of your employees live on the premises? Yes No

25. Are the buildings, outbuildings, annexes and extensions at the premises

(a) built entirely from brick, stone or concrete and roofed with slates tiles concrete or metal? Yes No

(b) in a good state of repair and will be so maintained? Yes No

If answer is 'No', please give details

26. Have the buildings, outbuildings, annexes and extensions at the premises ever been flooded? Yes No

27. Do you use any cellars or floors below street level? Yes No

If answer is 'Yes' to question 26 or 27, please give details

28. (a) Has the property or any adjacent property suffered damage from subsidence, heave or landslip? Yes No

(b) Are there any visible signs of cracking, distortion, misalignment or settlement? Yes No

(c) Is the property erected on made up ground or recently cleared woodland? Yes No

(d) Has the property been extended? Yes No

(e) Is there any exposure of the property to;

1. mines/underground workings? Yes No

2. cliffs, embankments, railway cuttings, tunnels, quarries or other excavations? Yes No

3. vibrations from major roads/railways? Yes No

4. sloping site? Yes No

5. large trees or dense vegetation within 15 metres? Yes No

If 'Yes' to answers (a) to (e) please give details

Please note that the excess for damage caused by subsidence, ground heave and landslip is £1,000

29. If the building is not occupied solely for the purpose of the Home, please give details of the other occupiers and indicate the parts you are sub-letting

30. Do you keep

(a) records which are examined by a professional accountant? Yes No

(b) a monthly record of accounts, due to you by customers in a place away from the Home? Yes No

31. (a) Is your electrical installation inspected at regular intervals in accordance with Electricity at Work Regulations 1989 or as subsequently amended and have any faults been rectified in accordance with the General Condition – Electrical Inspection? Yes No

Contents

The sums insured must be the full value or you will run the risk of your claim settlement being reduced. Please do not include Glass, Money, Refrigerated Stock, Goods in Transit and Computers which can be covered under Sections 3, 4, 6, 7 and 15.

1. Please state the sum insured on Trade Contents excluding Residents' Clothing and Personal Effects £

2. Do you wish to insure Residents' Clothing and Personal Effects? Yes No

If 'Yes', please tick the monetary limit you require per resident

£250 £500 £750 £1000

3. Do you wish to insure any further items? Yes No

If 'Yes', please enter details and sum(s) insured

4. Do you wish to increase either or both of the standard sums insured £1000 under Section 6. Refrigerated Stock and £1000 under Section 7. Goods in Transit? Yes No

If 'Yes', please give details

Business Interruption

The sum insured must be adequate or you will run the risk of your claim settlement being reduced.

1. Please state the sum insured £

2. Please state the Maximum Indemnity Period you require (the standard is 12 months). months

Please remember that if the Maximum Indemnity Period is longer than 12 months, the sum insured must be increased in the same proportion.

Terrorism

Do you wish to extend the cover to include Terrorism? Yes No

If 'Yes', does the Proposer own business premises and/or other assets which do not form part of this Proposal? Yes No

If 'Yes', are all the other premises and/or assets insured for Terrorism Cover with a Pool Re member? Yes No

Liability

Employers Liability

1. Do you require cover for Employers Liability?

 Yes No

2. Wages of all your Employees at the Premises

a) Clerical Staff (including commercial travellers and managerial employees who do not engage in manual labour)

£

b) Split of the manual waggeroll as follows

	Number	Annual Wageroll	Qualifications
Doctors			
Matron			
Qualified Nurses			
Care Assistants			
Domestic & Kitchen			
Maintenance & Gardening			
Others			

c) Manual waggeroll away from the premises

£

3. Have you obtained Disclosure and Barring Service vetting for all staff?

 Yes No

Public Liability

1. Do you require cover for Public Liability?

 Yes No

The standard limit of indemnity is £5,000,000.

2. Turnover of your Business

a) Generated by your care home

£

b) Generated by work away from the care home

£

c) Generated by this and all businesses conducted in the name of the Proposer

£

Treatment Risk

1. Do you require cover for Treatment Risks?

 Yes No

2. The standard limit of indemnity is £5,000,000.

Optional Sections

You may take out any or all of these Optional Sections of cover. The Product Summary and Policy Wording provide further details.

1. Do you wish to insure the Building Yes No

If 'Yes', please state the Declared Value you require £

The New India will provide free of charge an uplift (up to a maximum of 15%) to the Declared Value to cover the effects of inflation during the period of insurance. If you wish to increase the uplift to a higher percentage of Declared Value please state percentage here %

2. Do you require cover for **Loss of Registration Certificate?** Yes No

If 'Yes', please tick the sum insured you require £50,000 £100,000 £250,000

3. Do you require **Fidelity Insurance?** Yes No

If 'Yes', are satisfactory written references always obtained direct from former employers covering an unbroken period of three years immediately prior to engagement of all employees? Yes No

4. (a) Do you wish to insure against breakdown of or damage to your **Computer?** Yes No

If 'Yes', please state the sum insured (the standard is £1,500) £

- (b) Do you wish to extend this cover to include the cost of reinstating data? Yes No

If 'Yes', please state the sum insured for reinstatement of data (the standard is £10,000) £

- (c) Do you wish to extend this cover to include Portable/Laptop Computers and Tablet Devices? Yes No

If 'Yes', please state the sum insured £

5. Do you require cover for **Legal Expenses?** Yes No

If 'Yes', please give details of any dispute or litigation of the type to be insured – involving you, your partners, your directors or any member of your family directly connected with the business – occurring during the past three years.

6. Do you wish to extend Section 3. Glass to include special glass (i.e. armoured, bandit, bent, antique or ornamental glass, chandeliers or revolving doors, or neon or illuminated signs)? Yes No

If 'Yes', please give details and state replacement values.

Please use this space to disclose additional information which may influence assessment and acceptance of your proposal.

A large rectangular area consisting of numerous horizontal light blue lines, intended for providing additional information.

Notes

Some or all of the information which you supply to New India Assurance Company Ltd in connection with this insurance will be held by the Insurer on computer. Information may be passed to other insurance companies, professional firms employed by insurance companies or any other recognised authority directly concerned with this type of insurance.

The insurance does not come into force until your proposal has been accepted by New India Assurance Company Ltd.

Declaration

I/We declare that according to my/our knowledge and belief the answers in this proposal are true and are a fair representation and I/we apply for a contract of insurance with New India to be expressed in the usual terms of the Insurer's policy.

I/We have disclosed every material circumstance which I/we know or ought to know.

(If you are in any doubt as to what constitutes a material circumstance you should consult New India Assurance Company Ltd.)

I/We consent to the seeking of information from other insurers to check the answers I/we have provided, and I/we authorise the giving of such information for such purposes.

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.

Signature

Date

Print full name

Position in the company



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