

PROPOSAL FORM

1.	PROPOSER: (Full trading title)		
2.	POSTAL ADDRESS:	RISK ADDRESS: (if different)	
3.	POST CODE:	4. TELEPHONE No: FAX No: E-MAIL: WEBSITE:	
5.	CONTACT NAME:		
6.	Period of insurance to start from:		
7.	Please list any additional activities you may provide other than the following: Personal Care - Bathing/Dressing. Administrating of Prescribed/Non-Prescribed Medicines, Night Care, Carers Respite Services, Cleaning/Cooking/Household Tasks, Shopping & Laundry, Handyman & Gardening Services.		
8.	If qualified nursing care is provided, please indicate the percentage of turnover.		
9.	What is your anticipated Turnover for the coming year?		£
10.	Are the standard limits under this policy adequate for your requirements, if not please supply details of any amendments required: i.e. buildings sum insured, higher values for Office contents, etc. Please indicate should any computer/ancillary equipment exceed £3,000.00 any one item.		<input type="checkbox"/> YES <input type="checkbox"/> NO
11.	Do you wish to include the optional personal accident benefits? (please note additional premium payable)		<input type="checkbox"/> YES <input type="checkbox"/> NO
12.	Are you registered with the CQC, CSSIW or SCRC?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes please provide registration No. If no please detail why.
	Has an audit been undertaken in the last year?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes please provide date of inspection
	Were any requirements imposed as a result of the audit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes have these been implemented If no please detail why
13.	Do you carry out Risk Assessments prior to commencing provision of care to a new client/service user		<input type="checkbox"/> YES <input type="checkbox"/> NO
14.	Prior to recruiting new staff, do you:		
	Obtain 2 References	<input type="checkbox"/> YES <input type="checkbox"/> NO	Check for Criminal Convictions
	Obtain Health Questionnaires	<input type="checkbox"/> YES <input type="checkbox"/> NO	Check Sex Offenders Register
	Check POVA/ISA	<input type="checkbox"/> YES <input type="checkbox"/> NO	

15. Do you require the interest of your local authority, or any other interested party i.e: franchisor/mortgagor noting under the policy? If so please supply full details: YES NO

16. Please give details of any intruder alarm if fitted and in particular the type of signalling. (i.e. bells only, Redcare, Digicom, etc)

17. Are the premises built of brick, stone or concrete and roofed with slate, tile, concrete, metal, asbestos or concrete sheeting: If no, please give details: YES NO

18. Referring to you or any of your partners or directors, have any insurers ever:

a) declined your proposal YES NO

b) not invited renewal of your policy YES NO

c) refused to renew or cancel your policy YES NO

d) increased your premium on renewal or imposed special conditions YES NO

e) stipulated that you should bear the first portion of any loss YES NO

If the answer is yes to any of the above questions please give full details:

19. Have you or any of your directors or partners ever been convicted of or charged (but not yet tried) with a criminal offence other than a motoring conviction. If yes, please supply full details: YES NO

20. Have you suffered any claim in the last 5 years, if so, please supply full details: YES NO

21. Do your premises comply with Insurers Minimum standards of Security (See enclosed details) If no, please give details: YES NO

DECLARATION

- A) All members of staff involved in lifting and personal care have undergone relevant training in moving and handling awareness.
- B) I/We declare that, to the best of my/our knowledge and belief, the statement made by me/us or on my/our behalf are true and complete and that I/we have not suppressed, misrepresented or misstated any material fact and that I/we agree to accept the terms and conditions in the policies of ZURICH Insurance.
- C) I/We agree that if any answer has been written by any person other than the undersigned then he/she shall for that purpose be regarded as my/our agent and not an agent of the Company.

(signing this form does not bind the proposer to complete this insurance)

DATE: SIGNATURE(S) OF PROPOSER(S):

Do you wish to pay the premium by Direct Debit, if so, please complete the enclosed mandate. (Please note a 6.5% instalment fee applies): YES NO

Example: £1390.00
 + 6.5% instalment fee £90.35
 £1480.35 ÷ 12 = £123.36 per month