**Declaration:**

Have you the proposer, any director/partner of the business, either personally or in any business capacity:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ◦ Been bankrupt, insolvent, subject to bankruptcy/ insolvency proceedings |  Yes | [ ]  |  No | [ ]  |
| ◦ Had a proposal refused or declined |  Yes | [ ]  |  No | [ ]  |
| ◦ Had insurance cancelled or special terms imposed |  Yes | [ ]  |  No | [ ]  |
| ◦ Had any convictions for criminal offences  |  Yes | [ ]  |  No | [ ]  |

**Business Details:**

|  |  |
| --- | --- |
| ◦ Renewal Date |       |
| ◦ Legal Trading Status |  |
| ◦ Business Name |       |
| ◦ Type of Care Home/Care | Nursing [ ] Residential [ ]  (elderly)Assisted Living [ ] Children’s [ ] Other [ ]  If other, please give details.       |
| ◦ Proposers Title |  |
| ◦ Proposers Forename  |       |
| ◦ Proposers Surname |       |
| ◦ Telephone Number |       |
| ◦ Email  |       |
| ◦ Website | www.       |
| ◦ Street Number/Name |       |
| ◦ Town/City |       |
| ◦ County |       |
| ◦ Postcode |       |
| ◦ Year Business Established |       |
| ◦ Years at Current Address |       |
| ◦ Registration - Appropriate Regulatory Body  | Yes [ ]  No [ ] If yes, please give details.       |
| ◦ Total Number of Employees |       |
| ◦ Number of Qualified Nurses |       |
| ◦ Number of Auxiliary Nurses |       |
| ◦ Current Insurer |       |
| ◦ Accidents or Claims in the Last 5 Years | Yes [ ]  No [ ]  |
|  | If yes, please give details.       |
| ◦ Material Facts | [ ]  None[ ]  The business is not self-contained with its own access[ ]  The location has a history of flooding[ ]  The property is made of non-standard materials[ ]  The property/adjacent property has signs of Subsidence [ ]  The proposer is not the sole occupant of the premises[ ]  There is a cash machine (ATM) at the premises |

**Details of Residents:**

|  |  |
| --- | --- |
| ◦ Minimum Age for Residents |  |
| ◦ Maximum Number of Residents  |  |
| ◦ Number of Residents Currently in Home |  |
| ◦ Residents Detained Under the Mental Health Act  | Yes [ ]  No [ ]  |
| ◦ Nature/Severity of Illnesses/Disabilities Cared for |  |
| ◦ Any Residents with a History of | Violence [ ] Aggression [ ] Sexual Offences [ ] Arson [ ]  |
| ◦ Any Incidents of Assault/Abuse in the Last 5 Years | Yes [ ]  No [ ]  |
|  | If yes, please give details.       |
| ◦ Does the Home Offer Surgery Post-Operative Care | Yes [ ]  No [ ]  |
| ◦ Services Available to Residents in the Home  | (e.g. physiotherapy etc)       |
| ◦ Are PL & PI checks undertaken on Practitioners | Public Liability [ ]  Professional Indemnity [ ]  |
| ◦ Do You Provide Care in the Community | Yes [ ]  No [ ]  |
| ◦ Do You Provide Sheltered Accommodation | Yes [ ]  No [ ]  |
| ◦ Do You Provide day Care | Yes [ ]  No [ ]  |
| ◦ Do You Provide any Recreational Facilities | Yes [ ]  No [ ]  |
|  | If yes to any of the last 4 questions, give details.       |
| ◦ Residents/Patients Needs Assessed/Documented | Yes [ ]  No [ ]  |
| ◦ Are Staff in Attendance 24 Hours a Day | Yes [ ]  No [ ]  |

**Health and Safety:**

|  |  |
| --- | --- |
| ◦ The Home Complies with H&S, COSHH and other Environmental Regulations | Yes [ ]  No [ ]  |
| ◦ Home has a written H&S Policy, and Details are |Passed to all Employees | Yes [ ]  No [ ]  |
| ◦ Does the Home Have an Action Plan for Cleaning up Spillages | Yes [ ]  No [ ]  |
| ◦ Regulators Fitted restricting Temperature of Hot Water/Radiators/Pipes (43˚c) | Yes [ ]  No [ ]  |
| ◦ Pre-employment Health Questionnaires Completed by all Employees | Yes [ ]  No [ ]  |
| ◦ Are specific enquires made relating to Back Problem History | Yes [ ]  No [ ]  |
| ◦ All Staff Properly Trained in Lifting Techniques and also Documented | Yes [ ]  No [ ]  |
| ◦ Are Training Records Documented and then Signed by every Employee | Yes [ ]  No [ ]  |

1. **Buildings Cover:**

|  |  |
| --- | --- |
| ◦ Do you require Buildings Cover | Yes [ ]  No [ ]  |
|  | If no, continue to section 2 Contents Cover. |
| ◦ Location |  |
| ◦ Occupancy |  |
| ◦ Is the Building Listed  |  |
| ◦ Year Property Built  |       |
| ◦ Is the Building in a Good State of Repair | Yes [ ]  No [ ]  |
| ◦ Number of Floors |       |
| ◦ Construction of Walls (brick, stone etc) |       |
| ◦ Construction of Roofs (tile, slate etc) |       |
| ◦ Percentage of Flat Roofs | %  |
| ◦ Construction of Floors (concrete, wood etc) |       |
| ◦ Building Purpose Built or Converted | Purpose Built [ ]  Converted [ ]  |
| ◦ Required Cover (select only one) | [ ]  All Risks [ ]  All Risks plus Accidental Damage[ ]  All Risk plus Subsidence [ ]  All Risks plus Accidental Damage & Subsidence  |
| ◦ Buildings Cover Basis (select only one) | [ ]  Reinstatement [ ]  Indemnity |
| ◦ Buildings  | £       |
| ◦ Landlords Fixtures & Fittings  | £       |
| ◦ Tenants Improvements  | £       |
| ◦ Is Terrorism Cover Required | Yes [ ]  No [ ]  |
| ◦ Loss of Rent Payable/Receivable  | £       |

1. **Contents Cover:**

|  |  |
| --- | --- |
| ◦ Do you require Contents Cover | Yes [ ]  No [ ]  |
|  | If no, continue to section 3 Money Cover. |
| ◦ Frozen/Refrigerated Food  | £       |
| ◦ Deterioration of Stock Cover for Food  | Yes [ ]  No [ ]  |
| ◦ Computers Sum Insured | £       |
| ◦ Other Electrical Equipment Sum Insured | £       |
| ◦ All Other Contents  | £       |
| ◦ Specified Items | £       (please give details)      £       (please give details)       |
| ◦ Residents Effects (per person) | £       |

1. **Money Cover:**

|  |  |
| --- | --- |
| ◦ Do you require Money Cover | Yes [ ]  No [ ]  |
|  | If no, continue to section 4 Goods In Transit.  |
| ◦ Money During Hours  | £       |
| ◦ Money Out of Hours, in Safe  | £       |
| ◦ Money in Transit/Bank Night Safe  | £       |
| ◦ Money Out of Hours, Not in Safe | £       |

1. **Goods in Transit:**

|  |  |
| --- | --- |
| ◦ Do you require Goods in Transit Cover | Yes [ ]  No [ ]  |
|  | If no, continue to section 5 Business Interruption. |
| ◦ Own Vehicles  | £       |
| ◦ Hauliers | £       |

1. **Business Interruption:**

|  |  |
| --- | --- |
| ◦ Do You Require Business Interruption Cover | Yes [ ]  No [ ]  |
|  | If no, continue to section 6 Other Options. |
| ◦ Gross Profit/Revenue  | £       |
| ◦ Indemnity Period (months) |  |
| ◦ Loss of Registration Certificate Cover | Yes [ ]  No [ ]  |

1. **Other Options:**

|  |  |
| --- | --- |
| ◦ Legal Expenses  | Yes [ ]  No [ ]  |
| ◦ Loss of Licence | Yes [ ]  No [ ]  |
| ◦ Equipment Breakdown | Yes [ ]  No [ ]  |
| ◦ Personal Accident  | Yes [ ]  No [ ]  |

1. **Liabilities Cover:**

|  |  |
| --- | --- |
| ◦ Employers Liability  | Yes [ ]  No [ ]  |
| ◦ Public Liability | Yes [ ]  No [ ]  |
| ◦ Select Limit of Indemnity | £  |
| ◦ Medical Malpractice Liability  | Yes [ ]  No [ ]  |
| ◦ Total Annual Turnover | £       |
| ◦ Wage Roll (next 12 months) | Clerical £       Manual £       Work Away £      Other £       (please give details)      Other £       (please give details)      Other £       (please give details)       |
| ◦ Does the Business Provide Domiciliary Care | Yes [ ]  No [ ]  |

**If you have selected Buildings and/or Contents cover, please complete the following information.**

|  |  |
| --- | --- |
| ◦ Alarm Type | [ ]  ABC[ ]  Audible[ ]  Central Station - Dial-Up Line[ ]  Central Station - Direct Line[ ]  Digicom[ ]  Dualcom[ ]  High Decibel Internal Sounder[ ]  Line - Site Security Office[ ]  Paknet[ ]  Police - Direct Line[ ]  Redcare[ ]  Redcare - GSM[ ]  Visual |
| ◦ Police Response | [ ]  Level 1[ ]  Level 2[ ]  Level 3[ ]  No Police Response |
| ◦ Additional Security Details | [ ]  Close Shackle Padlock – 5 (or more) Levers[ ]  Open Shackle Padlock – 5 (or more) Levers[ ]  Rim Lock[ ]  Rim Lock Automatic Deadlock[ ]  Rim Lock Automatic Deadlock – BS3621[ ]  Hinge Bolts[ ]  Steel Lined Doors[ ]  Bars on Windows[ ]  Anti-Ram Raid Bollards[ ]  External Grills[ ]  Proposer/Family Members/Employees Residing [ ]  Rim Deadlocks[ ]  Internal Grills[ ]  Shutters - Metal[ ]  Shutters – Wooden[ ]  Standard Non-Iron Grills[ ]  Encasement Devices on Computer Equipment[ ]  Lock Down Devices[ ]  Town Centre CCTV[ ]  Private CCTV[ ]  Other Monitored CCTV [ ]  24 Hour Security [ ]  Security Patrols[ ]  Guard Dogs |
| ◦ Risk Improvement Features | [ ]  Sprinklers[ ]  Fire Blankets[ ]  Fire Extinguishers[ ]  Smoke Detectors |
| ◦ Fire Alarm | [ ]  Bells Only [ ]  Automatic/Redcare System |
| ◦ Premises Heated by | [ ]  Gas or Electric Conventional Central Heating Pipes [ ]  Other Electric Heating (excluding portable/non-fixed)[ ]  Other  |

**Please email the completed form to** **admin@tcfellis.co.uk** **and we will respond within 48 hours.**

**Any Additional Information**

|  |
| --- |
|       |