**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**](mailto:admin@tcfellis.co.uk) **and we will respond within 48 hours.**

**Any Additional Information**

|  |
| --- |
|  |