Camberford LAW PLC

INNOVATIVE INSURANCE SOLUTIONS

PROPOSAL FORM

DOMICILIARY CARE PROVIDERS

Insurance Brokers . Underwriting Agents
Lloyd's Brokers . Independent Financial Advisers

DOMICILIARY CARE LIABILITY PROPOSAL FORM

Please complete all details in BLOCK LETTERS. Where applicable indicate **YES** or **NO**.

BUSINESS DETAILS		
Proposer's Full Name: (please show any trading names and names of any subsidiary companies to be insured)		
Postal Address: (including post code)		
Date Established:		
Contact Name:		
Telephone Number:		
Fax Number:		
E-Mail Address:		
Website Address: (if applicable)		
Full Business Description (including details of all activities):		
Do you own or operate a Care Home?	Yes	No
How long have you been in business at these Premises?		
How long have you been in business elsewhere?		
Please list any Trade Association you belong to:		

Please provide a split of your activities:	% of Total Income	Estimated Turnover in next 12 months
• Domiciliary care (care at Clients homes) • Care in Nursing/Residential homes and hospitals Other activities, please specify:		
Number of Workers Currently Supplied:		
Average Number of Workers likely to supply in next 12 months:		
Maximum Number of Workers likely to supply in next 12 months:		
Current Turnover:		
Estimated Turnover for next 12 months:		

Do you have any offices outside the UK?	Yes	No

If **YES**, please supply details and activities of workers along with estimated turnover

Please provide an estimated split for care given in respect of the following:-	
Activity	Estimated % of Turnover
Elderly Physically Disabled Convalescence Mentally Impaired/Disabled Drug/Alcohol Rehabilitation Learning difficulties Children Other	

Do you provide care for children under the age of 16?	Yes	No
Do you provide care to known arsonists and known sex offenders in respect of mental disorders?	Yes	No
Do you have a written Health & Safety Policy?	Yes	No
In respect of your carers do you:		
Undertake a CRB Check?	Yes	No
Check qualifications?	Yes	No
Take up references for last 10 years and examine any employment gaps?	Yes	No
Do you regularly carry out risk assessments?	Yes	No
Do you keep risk assessments?	Yes	No
Do you record regular manual handling assessments?	Yes	No
Do you keep training records for all employees?	Yes	No
If **NO** to any of the above please provide details		
Do you enter into any contracts which may affect your liability under Statute or Common Law?	Yes	No
If **YES** please supply these contracts.		
Do you enter into any contracts which may effect your liability under Statute or Common Law	Yes	No
Have you ever been prosecuted under a Health & Safety at Work Act or any other Statute in your duties as an Employer?	Yes	No
Have you, any Directors, Partners or Proprietors even been made bankrupt, insolvent, had bankruptcy or insolvency proceedings commenced or ever had a criminal conviction (other than speeding convictions?)	Yes	No
If **YES** please provide details		

Employer's Liability (Limited to £10,000,000 any occurrence)	Yes	No
Public / Products Liability	Yes	No
Limit of Indemnity Required (delete as applicable)	£2,000,000	£5,000,000

	Estimated Number	Estimated Wages & Payments
Persons employed including Principals, Partners, Directors (next 12 months)		
Clerical, Managerial, Administrative persons		
Professionally qualified persons		
Auxilliery Help		
Carers/Home Helps		
Others		

CURRENT INSURANCE INFORMATION

Name of Current Insurer:			
Renewal Date			
Current Premium			
Please provide details of losses or claims which would have been covered by this insurance in the last 5 years:	Type of Claim	Claimant	Amount Outstanding/Paid

Are you aware of any circumstances which might give rise to a claim in the next insurance period?	Yes	No
Do you administer medication?	Yes	No
If **YES** is there a written policy dealing with the procedure for administering medication?	Yes	No
Do you ensure all Registered Dental & Medical Practitioners are members of their recognised organisations/associations, or are otherwise fully insured for their own malpractice?	Yes	No

Are you licensed and registered with the Care Quality Commission (CQC) and do you carry an up to date certificate?	Yes	No
If **YES** please enclose a) copy of your Statement of Purpose and b) copy of most recent CQC Report		
Please give details of the minimum qualifications of covers (eg. First Aid, nursing experience, courses, carers courses etc)		
Please advise how patient records are kept		
Has any Director, Partner, Proprietor ever been refused, declined insurance or had special terms imposed or had any insurance cancelled?	Yes	No
If YES, please provide details:		
Has any Director, Partner, Proprietor ever been made bankrupt, insolvent, had bankruptcy/insolvency proceedings commenced, ever had a criminal conviction (other than speeding convictions) or had/have a County Court Judgement?	Yes	No
If YES, please provide details:		

IMPORTANT NOTICES

Data Protection

The defined terms used in this section shall have the meaning given to those terms in the Data Protection Act 1998 (as may be amended from time to time).

In the course of providing insurance services to the proposed insured/insured, the insurer may have access to Personal Data. The proposed insured/insured warrants that it shall have obtained all necessary authorisations and approvals from Data Subjects prior to disclosing any Personal Data to the insurer (whether such disclosure is made directly by the proposed insured/insured to the insurer or indirectly by the proposed insured/insured to any agent acting on behalf of the proposed insured/insured or the insurer). The insurer shall be the Data Controller of any Personal Data Provided.

The insurer undertakes that it shall only use any Personal Data provided to it for the purposes of performing its services in connection with its contract of insurance with the proposed insured/insured. This will include the processes of underwriting, administration and claims assessment as well as any necessary services ancillary thereto.

The insurer will hold all Personal Data provided to it securely and shall limit access to such Personal Data to those who have a need to see it. The proposed insured/insured hereby consents to the insurer sharing any Personal Data provided to it with its group companies, agents, reinsurers, claims handlers, loss adjusters, medical professionals and other professional advisors, healthcare management companies and any other necessary service providers with whom the insurer contracts in connection with the proposed contract/contract of insurance between the proposed insured/insured and the insurer.

The insured acknowledges that the insurer may be required as a matter of law or regulation to disclose Personal Data provided to it to a Court of law or regulatory body such as the Financial Services Authority or any other public body or authority of competent jurisdiction and the proposed insured/insured hereby consents to any such disclosure.

The proposed insured/insured acknowledges that the insurance industry maintains certain registers for the purposes of fraud prevention and hereby consents to the insurer sharing Personal Data provided to it with fraud prevention agencies and other insurance companies for the purposes of fraud prevention and to validate your claims history.

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.

I/We hereby declare that to the best of my/our knowledge all the statements and information provided in the Proposal Form are true and confirm that I/We are not aware of any other material facts (those which may influence the judgement of a prudent Underwriter).

I/We understand that this Proposal Form is the basis of the contract with the Underwriters.

NAME	
SIGNATURE	
POSITION	
DATE	

Other Covers Available	Quote Required	
Property	Yes	No
Directors and Officers	Yes	No
Legal Expenses	Yes	No

CAMBERFORD LAW PLC

HEAD OFFICE:

Lygon House
50 London Road
Bromley, Kent
BR1 3RA

CITY OFFICE:

2 Royal Exchange
London
EC3V 3DG

T 020 8315 5000
F 020 8460 2118
@ domcare@camberfordlaw.com

www.camberfordlaw.com/domcare