



STAFFING CARE COMBINED PROFESSIONAL INDEMNITY & LIABILITY PROPOSAL FORM

This is a fillable PDF form. Please download or open the file directly in [Adobe Reader](#) to complete it electronically. Please type in your answers in the fields you wish to complete and save a copy for your records

We cannot provide quotations without the form being signed as the information you provide will be included as a Statement of Fact in your Policy Document.

**NOTE: MICROSOFT'S PDF READER PACKAGED WITH
WINDOWS 10 WILL NOT WORK CORRECTLY**

Legals Name/s of the organisation (including trading names if different) of the Proposer/s

Building Name/No.

Street:

Town/City:

Postcode (Required):

Date Commenced:

Number of years trading:

Email Address:

Claims in the last 5 years Yes No

Are you Care Quality Commission registered or have an application in process?

Yes No

Number of Service Users (Average) - estimate if a new business

Number of Care Staff - estimate if a new business

Please select which services you provide including anticipated going forward:

Domiciliary /Homecare Yes No Domestic Support Yes No

Living in Care Yes No Nursing Services Yes No

Respite Care Yes No Supported Living Yes No

Personal Care Yes No

Other Yes No Please detail Other

Categories of Service Users including anticipated going forward:

Elderly Yes No

Disabled Yes No

Learning Disabilities Yes No

Mental Health Yes No

Children Yes No

Other Yes No

Please detail "Other" here:

Risk Management & Safeguarding

Are all employees and volunteers subject to DBS checks?	Yes	No
Are DBS checks renewed in line with government legislation or regulatory body standards?	Yes	No
Do you have a written safeguarding / abuse prevention policy?	Yes	No
Are staff required to sign and acknowledge the safeguarding / abuse prevention policy?	Yes	No
Do all staff receive safeguarding training including regular updates ?	Yes	No
Do you have procedures for reporting and responding to suspected or alleged abuse?	Yes	No
Do you ensure that lifting and hoisting training is given and is adhered to at all times?	Yes	No

Please provide the company's current turnover (estimated for new businesses)

Total turnover

Wage Roll for staff running the company and not providing care

Wage roll for staff providing care

If you supply staff to third party companies who will be **working under the supervision, direction and control of that third party company** please provide wage roll.

Insurance Cover Required:

Employers Liability Limit	
Public Liability & Medical Malpractice Limit	
Professional Indemnity Limit	
Property Cover	
Legal Expenses Insurance	
Personal Accident Insurance Limit	
Drivers Negligence	

Employers Liability Insurance must be included if purchasing Public Liability/Medical Malpractice Insurance.

Do you currently have abuse cover in place	Yes	No
Do you currently purchase Recruitment Consultants Package Insurance?	Yes	No

Name of Current Insurer	Renewal date

Please answer the following if you require Property Cover:

Buildings / Landlord's fixtures & fittings and tenant improvements General Office Contents
Computer & Ancillary Equipment

General Office Contents

Computer & Ancillary Equipment

Portable Equipment (EU) sum to be insured

Portable Equipment (WW) sum to be insured

Business Interruption cover amount insured (Flexible First Loss)

Loss of Rent sum to be insured

Do any additional properties need cover? Yes No

Can you confirm the following regarding these premises:-

Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material?

Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes?

In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters?

In a good state of repair?

Self-contained with a lockable entrance door?

Protected by an intruder alarm that is subject to an annual maintenance contract?

Heated by a conventional electric, gas, oil or solid fuel heating system?

Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied?

Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements?

Fitted with sprinklers, either fully or partially?

Yes to all the above No *If No please provide details at the end of this form*

LEGAL EXPENSES INSURANCE

Has the company had to initiate or defend any legal expenses insurance claim or legal proceedings (including hearings before an Employment Tribunal) in the past three years?

Yes

No

Has there been any in-depth investigations by the Inland Revenue/HM Revenue & Customs (HMRC) into the company and/or any director, VAT dispute, PAYE and/or P11D compliance dispute within the last three years?

Yes

No

Have any claims in respect of the risks to which this form relates ever been made against the business or any of the Principals, Partners or Directors?

Yes

No

Has any proposal in respect of the risks to which this form relates ever been declined or has any such insurance ever been cancelled or renewal refused?

Yes

No

If you have answered "YES" to one or more of the above, please give full details:

Please use the space below to provide any further information you believe is material to your business:

Fair Presentation of Risk in Accordance with the Insurance Act 2015

The Partner, Principal or Director of the Firm/Company, must make a fair presentation of the risk to us - in accordance with Section 3 of the Insurance Act 2015. Such fair representation must be reasonably clear and accessible, each representation of fact substantially correct, and every material representation of expectation or belief, made in good faith. In this regard, fair presentation covers `every material circumstance which the Partner, Principal or Director of the Firm/Company knows (or ought to know) generally, including any of the Senior Management. For the sake of completeness, this also includes any information held within the Firm / Company's organisation. If any subsidiaries, affiliates or other parties are to be insured under this application, we expect that the relevant information has been sourced and provided herein.

For the purposes of this Fair Presentation the Senior Management means, in accordance with the Insurance Act 2015: those individuals that play significant roles in the making of decisions about how the Insured's activities / services / clients are to be managed. Under Section 4 of the Insurance Act 2015 an Insured must disclose all material circumstances known to its `Senior Management' and those persons responsible for the Insured's insurances. I / we the undersigned, agree that this submission together with any additional detail supplied, represents a fair presentation of the risk known to the Senior Management of the Firm/Company noted below.

A copy of this proposal should be retained by you for your own records

Short Form Privacy Notice

In order for us and the insurers to provide you with your insurance cover, we collect and process information about you. This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health or any criminal convictions you may have. In certain circumstances, we may need your consent to process certain categories of information about you, including any sensitive information (health information or information relating to any criminal convictions). Where your consent is required, unless another ground applies, your consent to this processing is necessary for us to provide our services and we will ask you for your consent separately. You may withdraw your consent at any time. However, should you exercise this right, we may not be able to fulfil the insurance services requested by you, your policy may terminate, or you may be unable to make a claim. The way insurance works means we may need to disclose your personal information to third parties in the insurance market for example, insurers or other insurance market participants or credit reference agencies and to third parties including loss adjusters, claims handlers and solicitors. More information about our use of personal data is set out in our Privacy Notice on our website, www.privacy-notice.co.uk We recommend that you review this notice

This application will form part of your insurance policy contract and information you provide here will be detailed within your Policy Document

Signed by:

Dated:

Electronic Signature