



**NEW INDIA
ASSURANCE**



.....

PROPOSAL FORM

.....

CARE HOMES

Care Homes Proposal

Please complete this form in BLOCK CAPITALS

It is very important that you complete this form fully and correctly, and disclose all material circumstances which you know or ought to know which should be reasonably revealed by a reasonable search of information available to you. If you are in any doubt about whether or not a circumstance is material, you should disclose it.

The policy wording is available on our website or can be obtained from your insurance broker or our Ipswich Branch Office.

If there are Yes/No options please tick the one that applies

General Information

1. Full name of Proposer

Trading name of Proposer

ERN (Please insert HMRC Employer Reference Number or state if Exempt. The ERN can be found on many documents including the P45, P60 and P11/D. The format is usually NNN/LLNNNNN or NNN/LNNNNN where N is a number and L is a letter).

Do you have any subsidiary companies?

☐ Yes ☐ No

If 'YES', please provide a list of subsidiary companies covered by this policy including any ERN not stated above:

2. Proposer's address

Postcode

Tel. No.

3. Address of business premises, if different from above

Postcode

Tel. No.

4. Period of insurance required from

renewable annually

5. Full business description

6. Does the home provide residential Accommodation for:

(a) anyone under 18 years of age?

☐ Yes ☐ No

(b) anyone between 18 and 55?

☐ Yes ☐ No

(c) those who are liable to be detained under the provisions of the Mental Health Act 1983?

☐ Yes ☐ No

(d) those displaying, or with the potential for displaying, aggressive or violent behaviour?

☐ Yes ☐ No

(e) anyone with a history of sexual offences, arson or attacks on persons or property?

☐ Yes ☐ No

(f) anyone with a history of alcohol or drug dependence?

☐ Yes ☐ No

If any answer is 'Yes', please give details of age and medical condition

7. (a) Is surgery, endoscopy, haemodialysis, peritoneal dialysis or treatment by lasers undertaken at the Home?

☐ Yes ☐ No

(b) Do you provide Pre and/or Post Operative Care?

☐ Yes ☐ No

8. Do you provide

(a) Care in the homes of any Service Users?

☐ Yes ☐ No

(b) Other Care in the Community?

☐ Yes ☐ No

(c) Sheltered Accommodation?

☐ Yes ☐ No

(d) any other facilities/activities?

☐ Yes ☐ No

If 'Yes' to any of the above, please give details including percentage of turnover

9. Is the Home registered under The Health and Social Care Act 2008?

☐ Yes ☐ No

If 'Yes', please attach a copy of the Registration Certificate

10. If the Home is in Scotland or Northern Ireland, is the treatment provided restricted to first aid and the administration of drugs prescribed by a general practitioner?

☐ Yes ☐ No

Please advise the name of the Regulating Authority responsible for this business

11. Is the home registered as a charity with the Inland Revenue? ☐ Yes ☐ No

12. (a) Do you have a written Health and Safety policy? ☐ Yes ☐ No

(b) Are you complying with the provisions of the

i) Manual Handling Operations Regulations 1992? ☐ Yes ☐ No

ii) Management of Health and Safety at Work Regulations 1999? ☐ Yes ☐ No

iii) Control of Substances Hazardous to Health Regulations 2002? ☐ Yes ☐ No

iv) Personal Protective Equipment at Work Regulations 1992? ☐ Yes ☐ No

v) Workplace (Health, Safety and Welfare) Regulations 1992? ☐ Yes ☐ No

vi) Regulatory Reform (Fire Safety) Order 2005, The Fire (Scotland) Act 2005 or The Fire & Rescue Services (Northern Ireland) Order 2006 as appropriate? ☐ Yes ☐ No

13. (a) Do you keep an accident book? ☐ Yes ☐ No

(b) From your accident book, how many incidents have been recorded, over the last twelve months involving back injuries to employees?

The answers to questions 14 and 15 require full details about yourself, any member of your family directly connected with the business and your partners or directors.

14. Have you or any director or partner been declared bankrupt, been a director of any company which went into liquidation, administration or receivership, or been convicted of or received a police caution for or been charged with but not yet tried for arson, criminal deception, fraud, forgery, theft, robbery, or handling or any crime of violence associated with these or with any other offence against property? ☐ Yes ☐ No

If 'Yes', please give details

15. In respect of any insurance to which this proposal relates and any business conducted at the premises or elsewhere, state whether

- (a) any insurer has
- i) declined a proposal ☐ Yes ☐ No
 - ii) Cancelled or refused to renew a policy? ☐ Yes ☐ No
 - iii) imposed special terms? ☐ Yes ☐ No

If any of these answers is 'Yes' please give details

- (b) during the past five years
- i) there has been insurance at any time ☐ Yes ☐ No

If 'Yes' state names of Insurer below

- ii) loss, damage or liability, whether insured or not, has arisen ☐ Yes ☐ No

If any of these answers is 'Yes' please give details

16. Has the Authority under which the Home is registered or has the fire authority stipulated any requirements which have not yet been completed? ☐ Yes ☐ No

If 'Yes' please give details, and state the deadline for completion

17. When you (or any previous proprietor) applied for registration certification, were any objections or complaints raised? ☐ Yes ☐ No

Do you have any reason to believe that objections would be raised to future applications or renewals? ☐ Yes ☐ No

If either answer is 'Yes', please give details

18. (a) State the period in business at Home Years

(b) How many years experience has the management/proprietor had in running a care home? Years

19. Is any principal, director or person in charge a qualified medical or dental practitioner? ☐ Yes ☐ No

If 'Yes'

(a) please give details

(b) does the practitioner hold Professional Indemnity insurance? ☐ Yes ☐ No

20. (a) Do you establish the medical history of new staff, including specific reference to back/neck injuries and dermatitis? ☐ Yes ☐ No

(b) Do you keep a record of this information on the employee's personnel file? ☐ Yes ☐ No

21. (a) Are all appropriate staff trained in manual handling? ☐ Yes ☐ No

(b) Is this training logged with a copy signed by the employee? ☐ Yes ☐ No

22. (a) Are lifting aids e.g. hoist belts slings etc. provided and regularly maintained? ☐ Yes ☐ No

(b) Are all appropriate staff trained to use the lifting aids provided? ☐ Yes ☐ No

(c) Are lifting aids used in preference to manual handling? ☐ Yes ☐ No

23. (a) State the maximum number of beds available to residents

(b) Of these how many residents receive nursing care?

(c) What is the minimum ratio of staff to resident? (including overnight)?

24. (a) Do you live on the premises? ☐ Yes ☐ No

(b) Do any of your employees live on the premises? ☐ Yes ☐ No

25. Are the buildings, outbuildings, annexes and extensions at the premises

(a) built entirely from brick, stone or concrete and roofed with slates tiles concrete or metal? ☐ Yes ☐ No

(b) in a good state of repair and will be so maintained? ☐ Yes ☐ No

If answer is 'No', please give details

26. Have the buildings, outbuildings, annexes and extensions at the premises ever been flooded? ☐ Yes ☐ No

27. Do you use any cellars or floors below street level? ☐ Yes ☐ No

If answer is 'Yes' to question 26 or 27, please give details

28. (a) Has the property or any adjacent property suffered damage from subsidence, heave or landslip? ☐ Yes ☐ No

(b) Are there any visible signs of cracking, distortion, misalignment or settlement? ☐ Yes ☐ No

(c) Is the property erected on made up ground or recently cleared woodland? ☐ Yes ☐ No

(d) Has the property been extended? ☐ Yes ☐ No

(e) Is there any exposure of the property to;

1. mines/underground workings? ☐ Yes ☐ No

2. cliffs, embankments, railway cuttings, tunnels, quarries or other excavations? ☐ Yes ☐ No

3. vibrations from major roads/ railways? ☐ Yes ☐ No

4. sloping site? ☐ Yes ☐ No

5. large trees or dense vegetation within 15 metres? ☐ Yes ☐ No

If 'Yes' to answers (a) to (e) please give details

Please note that the excess for damage caused by subsidence, ground heave and landslip is £1,000

29. If the building is not occupied solely for the purpose of the Home, please give details of the other occupiers and indicate the parts you are sub-letting

30. Do you keep

(a) records which are examined by a professional accountant? ☐ Yes ☐ No

(b) a monthly record of accounts, due to you by customers in a place away from the Home? ☐ Yes ☐ No

31. (a) Is your electrical installation inspected at regular intervals in accordance with Electricity at Work Regulations 1989 or as subsequently amended and have any faults been rectified in accordance with the General Condition – Electrical Inspection? ☐ Yes ☐ No

Contents

The sums insured must be the full value or you will run the risk of your claim settlement being reduced. Please do not include Glass, Money, Refrigerated Stock, Goods in Transit and Computers which can be covered under Sections 3, 4, 6, 7 and 15.

1. Please state the sum insured on Trade Contents excluding Residents' Clothing and Personal Effects £
2. Do you wish to insure Residents' Clothing and Personal Effects? ☐ Yes ☐ No
If 'Yes', please tick the monetary limit you require per resident
£250 ☐ £500 ☐ £750 ☐ £1000 ☐
3. Do you wish to insure any further items? ☐ Yes ☐ No
If 'Yes', please enter details and sum(s) insured

Business Interruption

The sum insured must be adequate or you will run the risk of your claim settlement being reduced.

1. Please state the sum insured £
2. Please state the Maximum Indemnity Period you require (the standard is 12 months). months
Please remember that if the Maximum Indemnity Period is longer than 12 months, the sum insured must be increased in the same proportion.

Refrigerated Stock

Do you wish to increase the standard sum insured of £1000 under Section 6?

☐ Yes ☐ No

If 'Yes', please give details

Goods in Transit

Do you wish to increase the standard sum insured of £1000 under Section 7?

☐ Yes ☐ No

If 'Yes', please give details

Terrorism

Do you wish to extend the cover to include Terrorism?

☐ Yes ☐ No

If 'Yes', does the Proposer own business premises and/or other assets which do not form part of this Proposal?

☐ Yes ☐ No

If 'Yes', are all the other premises and/or assets insured for Terrorism Cover with a Pool Re member?

☐ Yes ☐ No

Liability

Employers Liability

1. Do you require cover for Employers Liability?

Yes

No

2. Wages of all your Employees at the Premises

a) Clerical Staff (including commercial travellers and managerial employees who do not engage in manual labour)

£

b) Split of the manual wageroll as follows

	Number	Annual Wageroll	Qualifications
Doctors			
Matron			
Qualified Nurses			
Care Assistants			
Domestic & Kitchen			
Maintenance & Gardening			
Others			

c) Manual wageroll away from the premises

£

3. Have you obtained Disclosure and Barring Service vetting for all staff?

Yes

No

Public Liability

1. Do you require cover for Public Liability?

Yes

No

The standard limit of indemnity is £5,000,000.

2. Turnover of your Business

a) Generated by your care home

£

b) Generated by work away from the care home

£

c) Generated by this and all businesses conducted in the name of the Proposer

£

Treatment Risk

1. Do you require cover for Treatment Risks?

Yes

No

2. The standard limit of indemnity is £5,000,000.

Optional Sections

You may take out any or all of these Optional Sections of cover. The Product Summary and Policy Wording provide further details.

1. Do you wish to insure the Building

Yes

No

If 'Yes', please state the Declared Value you require

£

The New India will provide free of charge an uplift (up to a maximum of 15%) to the Declared Value to cover the effects of inflation during the period of insurance. If you wish to increase the uplift to a higher percentage of Declared Value please state percentage here

%

2. Do you require cover for **Loss of Registration Certificate?**

Yes

No

If 'Yes', please tick the sum insured you require

£50,000

£100,000

£250,000

3. Do you require **Fidelity Insurance?**

Yes

No

If 'Yes', are satisfactory written references always obtained direct from former employers covering an unbroken period of three years immediately prior to engagement of all employees?

Yes

No

4. (a) Do you wish to insure against breakdown of or damage to your **Computer?**

Yes

No

If 'Yes', please state the sum insured (the standard is £1,500)

£

(b) Do you wish to extend this cover to include the cost of reinstating data?

Yes

No

If 'Yes', please state the sum insured for reinstatement of data (the standard is £10,000)

£

(c) Do you wish to extend this cover to include Portable/Laptop Computers and Tablet Devices?

Yes

No

If 'Yes', please state the sum insured

£

5. Do you require cover for **Legal Expenses?**

Yes

No

If 'Yes', please tick the sum insured you require

£50,000

£100,000

£250,000

and please give details of any dispute or litigation of the type to be insured – involving you, your partners, your directors or any member of your family directly connected with the business – occurring during the past three years.

6. Do you wish to extend Section 3. Glass to include special glass (i.e. armoured, bandit, bent, antique or ornamental glass, chandeliers or revolving doors, or neon or illuminated signs)?

Yes

No

If 'Yes', please give details and state replacement values.

Note

The insurance does not come into force until your proposal has been accepted by New India Assurance Company Ltd.

Declaration

I/We declare that according to my/our knowledge and belief the answers in this proposal are true and are a fair representation and I/we apply for a contract of insurance with New India to be expressed in the usual terms of the Insurer's policy.

I/We have disclosed every material circumstance which I/we know or ought to know.

If you are in any doubt as to what constitutes a material circumstance you should consult New India Assurance Company Ltd.

I/We consent to the seeking of information from other insurers to check the answers I/we have provided, and I/we authorise the giving of such information for such purposes.

I/We agree that if any information has been given by any person other than myself/ourselves that person is my/our agent for that purpose.

Data Protection

The data supplied by you will only be used for the purposes of processing your policy of insurance including underwriting administration and handling any claim which may arise. The data supplied will not be passed to any other parties other than those which are mentioned herein. It is important that the data you have supplied is kept up to date. You should therefore notify the Insurer promptly of any changes. You are entitled to ask to inspect the personal data which is held about you. If you wish to make such an inspection you should contact the Insurer. The Insurer may respond to enquiries by the Police and regulatory bodies concerning your policy in the normal course of their investigations and where it is necessary to administer your policy effectively or to protect your interests. The Insurer may disclose the data you have supplied to other third parties such as professional firms employed by the Insurer, solicitors, loss adjusters, reinsurers and reinsurance brokers, repairers, replacement companies, risk surveyors, Employers Liability Tracing Office and other insurers. The data may also be shared with agents or databases for the purposes of preventing and detecting fraud.

For full details of our privacy policy please visit our website at <http://www.newindia.co.uk>.

Signature

Date

Print full name

Position in the company



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