



INNOVATIVE INSURANCE SOLUTIONS

PROPOSAL FORM

NURSING, RESIDENTIAL, AND REST HOMES



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

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THIS IS A GUIDE TO THE INSURANCE AVAILABLE IN THE WELCARE COVER.

The descriptions below are brief and not intended to convey the full terms and conditions. A full policy wording is available on request

Buildings & Contents

Being all property (other than Buildings) of the insured or held by the insured in trust. This Section includes loss of or damage to Directors, Partners, Residents, Visitors, Employees and Proprietors personal effects. The limit per person is £500 and the first £25 of each and every loss is excluded. Unless otherwise specified the first £250 of each and every loss in respect of Buildings & Contents is excluded, except for the perils of subsidence, Landslip or Heave where a higher excess of £1000 for each and every loss applies.

Loss of Gross Revenue/Gross Profit and Increased Cost of Working

Covers Gross Revenue/Gross Profit Loss or Increased Cost of Working following material damage and includes loss due to or caused by Vermin, Contagious and/or Infectious Illness, Food or Drink Poisoning, Pollution, Failure of Public Supplies or Denial of Access.

Employers Liability

Protection is provided against your Legal liabilities for personal injury to employees.

Public Liability – including malpractice as defined

Provides indemnity in respect of your Legal Liability to Third Parties including Residents up to the limit selected in respect of Death, Injury, Food or Drink Poisoning or Loss or Damage to Property.

Legal Expenses

Costs expenses and other disbursements reasonably and properly incurred for which the insured may be made liable by order of a court.

Personal Accident

Covers Bodily Injury as defined and Death in accordance with the number of units selected.

Theft by Employee

Cover is provided in respect of any loss of money or goods caused by any act of Theft.

Book Debts

Covers your inability to collect outstanding accounts following damage to your business records.

Money – Section 1

Item 1 – Your money is covered up to the following amounts:

- a) on the Insured's premises during Working Hours
or in transit or in a bank night safe £2,000
- b) on the Insured's premises out of Working Hours
 - 1) in a locked safe £2,000
 - 2) in all other locked safes or strongroom £2,000 in total
 - 3) not in a locked safe or strongroom £250
- c) in the Insured's residence or that of the Insured's directors, partners or employees
 - 1) whilst in a locked safe or whilst an adult is in the residence £500
 - 2) otherwise £250

Item 2	– crossed cheques and other non-negotiable items	£250,000
Item 3	– clothing & personal effects	£250 per person
Item 4	- stamped or impressed National Insurance Cards	Unlimited
Item 5	- Any postal franking machine, safe, strongroom	Unlimited

The first £50 of each and every claim is excluded.

Higher limits available on request

Money – Section 2 – Personal Injury (Robbery)

Cover is provided for injury or damage as a result of robbery up to the following benefits:

£5,000 following death or loss of limbs or slight or permanent total disablement.

£50 per week during temporary total disablement up to a maximum of 104 weeks

Transit

Covers your goods whilst being transported in any vehicle in connection with the business for All Risks.

Deterioration of Stock

Provides replacement of stock lost as a result of breakdown of or damage to Freezers, Refrigeration and Cold rooms.

Loss of Registration

Covers compensation for the depreciation in the value of the premises or reduction in turnover, following forfeiture of your Registration Certificate as a result of circumstances beyond your control.

Inspection

Statutory and other inspections on selected items of plant and machinery.

Engineering

Sudden and unforeseen damage (which includes breakdown and explosion) to all electrical and mechanical plant and machinery.

Legal Advice

We have arranged for you to benefit from a 24-hour legal advisory service with First Assist, a specialist legal advice organisation. The service provides telephone advice and guidance on business and private legal problems.

Index-Linking

To help you maintain adequate levels of protection, Sums Insured under the following Sections will be index-linked and amended in line with monthly movements in appropriate indices.

- Buildings

- Contents

Any resulting increases will be provided free of charge until next renewal, when your premiums will be based on the amended Sums Insured

Proposal Form for Welcare Cover

Please answer all the questions for each of the relevant sections as fully as possible.

Incorrect answers or failure to disclose all material facts may render the insurance inoperative. Material facts are those which would influence acceptance or assessment of the insurance risk. If you are in doubt, please disclose them or seek assistance from your insurance representative.

Full name of Proposer including all group companies and subsidiaries that are to be covered by this policy

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Business premises address:

Post Code Email	Tele No. Fax No
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Postal Address (if different from above)

Post Code	Tele No.
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The Business

Please give full description of the business and the nature of the services provided, including age range of residents.

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Please list names and dates of birth of all Company Directors/Partners

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If you require Employers' Liability cover, please supply your Employer PAYE Reference (This information is required for us to provide Employers' Liability cover. Where you have more than one PAYE Reference, please advise each one making it clear which company they apply to.)

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If you do not have a PAYE Reference, please confirm you are exempt and give the reason

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Sections and Sums Insured

Please Tick as Appropriate

Buildings

Yes

No

If Yes, Total Sum Insured £ _____ These values must reflect the full reinstatement cost.

Contents

If Yes, Total Sum Insured £ _____ These values must reflect the full reinstatement cost.

Residents Effects (£500.00 Per Residents) £ _____

Yes

No

Stock £ _____

Loss of Gross Revenue, Gross Profit & Increased Cost of Working

If Yes, (A) Indemnity Period 12/18/24/36 Months (please delete as applicable)

(B) Total Sum Insured relative to selected indemnity period £ _____

Unless requested otherwise, the definition of Gross Profit will mean the money paid or payable in respect of accommodation and services rendered less the net cost of purchases of food, drink, other goods consumed and laundry costs in the course of the business at the premises.

Employers Liability

If Yes, please insert Total Annual Wages £ _____

Public Liability

Please Select: £1,000,000 £2,000,000 £5,000,000

Treatment Extension

Please Select: £1,000,000 £2,000,000 £5,000,000

Number of Beds

Estimated Annual Turnover

£

Legal Expenses (£50,000 Sum Insured) - AUTOMATICALLY INCLUDED

Personal Accident

Yes

No

One Unit

a) Death and Capital Benefits £10,000

b) Temporary Total Disablement £50

c) Temporary Partial Disablement £25

Insured Persons

Name

Age

Occupation

Number of Units per person:

Theft by Employee

 Yes No

If Yes, Total Sum Insured £

(Maximum £100,000)

Book Debts

 Yes No

If Yes, please insert sum Insured

Money

If a higher in safe limit than £2,000 is required, please supply full details of the safe or safes used, make(s), model(s), size(s), location(s). Use the space provided or the back of this form.

N.B. Keys (or combination codes) must be removed from premises outside business hours.

SAFE LIMIT REQUIRED

IF A HIGHER "ANY OTHER MONEY LOSS" LIMIT THAN STANDARD £2000 IS REQUIRED PLEASE INDICATE:

Transit

Cover automatically included up to a sum-insured £1000

If additional amount is required please insert total sum insured. £

Refrigerated Stock

If Yes, please insert sum insured (Cover automatically included up to £1,000)

N.B. Any containers for Refrigerated Stock over TEN YEARS of age MUST be maintained annually under Contract, otherwise the insurance will not operate.

Loss of Registration

 Yes No

Certificate

Required Sum Insured

a) Have there been any objections to previous applicants or any complaints made or do you know of any reasons why there might be objections to any renewal of your certificate?

 Yes No

If Yes, please give details

b) Name of Registration Certificate Holder

Inspection Contract

If YES, list items on which statutory inspection is required including number of floors in total for passenger/goods lifts.

Engineering Insurance

Sudden and unforeseen damage including breakdown up to £150,000 Total Sum Insured.
Full description of items to be included and their value.

Details of the Registration of the Home

Please confirm by ticking the relative regulatory box with whom you are registered.

National Care Standards Commission:

Scottish Commission for the Regulation of Care:

Care Standards Inspectorate for Wales:

In Northern Ireland, the department of Health and Social Security:

If you are not registered as above – state how you are registered.

Name your present registration authority _____

- a) How long have you carried on the business? Years
 - i) in the premises to be insured
 - ii) elsewhere

b) If your business is new, give details of your previous experience

c) Are books of account maintained and audited annually? Yes No
If no, how will amount of loss be ascertained? _____

d) Give names and addresses of other parties who are to be named in the policy indicating their interest (e.g. mortgage, freeholder etc.)

The Premises, Plant and Machinery

Please Tick as Appropriate

- a) How old are the buildings? Years
- b) Do all your buildings have walls entirely of brick, stone or concrete and roofs entirely of slate, tile, concrete, metal or asbestos? Yes No
- c) Is the construction of adjoining buildings as above? Yes No
- d) Were the premises constructed for their present purpose? Yes No
- e) Are you the sole occupier of the premises? Yes No
- f) Have the premises been inspected for fire safety by the relevant local authority? Yes No
- g) Has any action they required been carried out? Yes No
- h) Are the premises heated only by a conventional central heating System or by fixed appliances fuelled by electricity or gas from the public supply? Yes No
- i) Are the premises in good repair and your plant and Machinery well maintained? Yes No
- j) Are your walls, gates and fences in good order and repair?
If no, to any part of questions (b) – (j) please give details. Yes No

- k) Are the premises low lying, subject to flooding or otherwise in an exposed or isolated position? Yes No
- l) Do you have any form of intruder alarm fitted and in working order?
If Yes, give details of:
- a) Make and when installed.
- b) Type of protection afforded.
- c) Signalling – Bells only, 999, central station. Yes No

d) Are the premises installed with a fire alarm, hose reels, fire extinguishers?

If Yes, give details

 Yes No

If Yes to any part of questions (k) – (m), please give details

Is the property because of its position vulnerable to storm or flood?

 Yes No

Is the property on a site which has suffered from flooding in the past 10 years?

 Yes No

Your Home

a) Do you provide services to any person under the age of 30 years

 Yes No

b) Confirm the last inspection date carried out by your Regulatory body

c) Have any statutory requirements been made and have they been complied within the timescales set

b) Have you an operating theatre?

 Yes No

c) Give qualifications and experience of nurses in charge of your home

d) How many staff do you employ?

Full-Time

Part-Time

Qualified Nurses (i.e. RGN, SEN, RMN, etc)

Auxiliaries

d) Have you any qualified medical practitioner on your staff?

 Yes No

e) What medical treatment is carried out by your staff?

 Yes No

Your History

a) In respect of the covers to which this proposal relates and any Business in which you or any of your partners or directors are or have been engaged, has any insurer ever declined to insure you, refused to renew, terminated cover or required special terms?

 Yes

 No

If Yes, please give details

b) Have you or any of your directors or partners ever been Convicted of or charged (but not yet tried) with a criminal Offence, other than a motoring offence?

 Yes

 No

If Yes, please give details

c) During the last 5 years and in respect of any insurance risk now being proposed:

i) Have you been insured:

 Yes

 No

If Yes, give details below

Class of Insurance

Company

Expiry Date

Have you sustained any losses (whether insured or not)?

 Yes

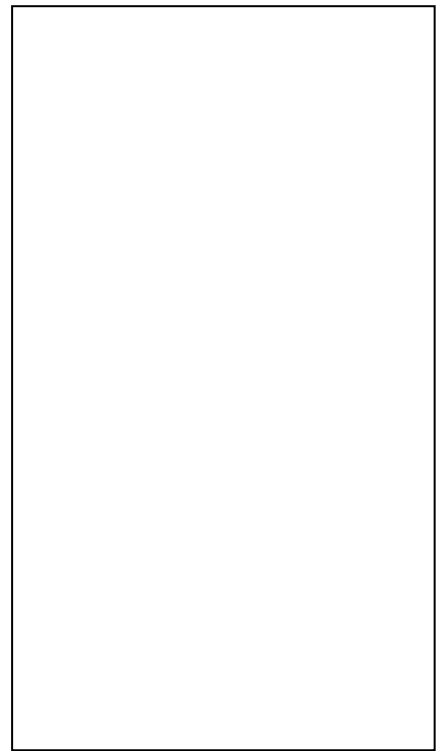
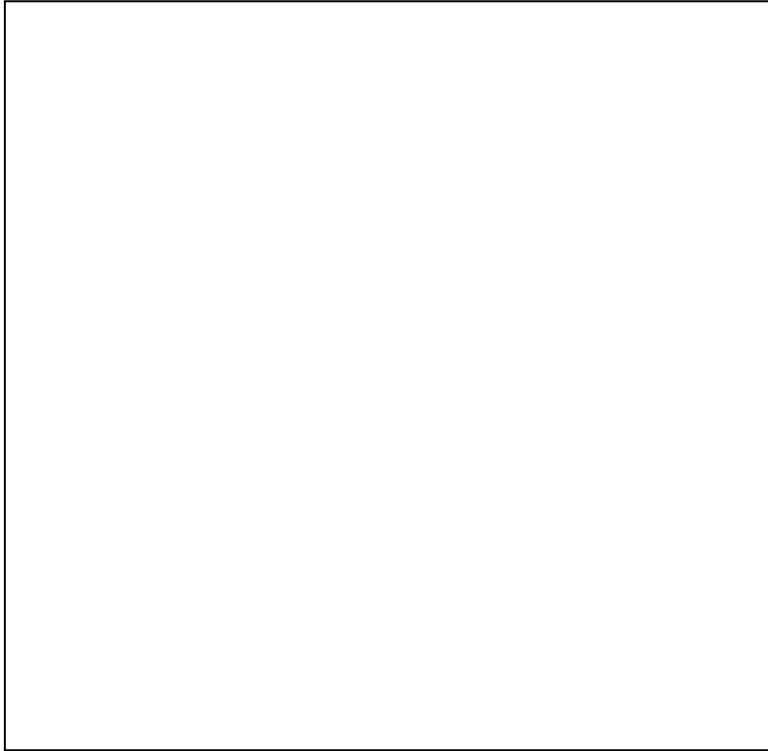
 No

If Yes, please give details below

Year	Nature of loss destruction or damage (whether a claim was made or not)	Cost of losses for which no claim was made	Cost of Claims Paid	Amount Outstanding

This space is for any qualifications, additional
Information, sketches etc

Referring to section/
question



Please read the following declaration very carefully and read again the questions and answers, especially if not Completed in your own hand, before signing them.

Declaration

I declare that to the best of my knowledge and belief all the information is true and complete and that nothing materially affecting the risk has been withheld, and I declare that this proposal is for insurance in the normal terms and conditions of the Insurers policy and shall be incorporated in and form part of the insurance contract.

Date _____ Signature of Proposer _____

Liability of the Insurers does not commence until the Proposal has been accepted by or on behalf of the Insurers.

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