



Builders
Property owners
Golf clubs
Theme parks
Attractions
Amusement arcades
Textiles
Warehouses



Precision engineering
Mechanics
Charities
Children's Care Homes
Domiciliary Care
Cleaning contractors



Golf professionals
Professional indemnity
Directors and officers
Personal accident
Wines spirits and tobacco
Printing and publishing
Retail outlets



Computer equipment
Mobile telephones
Paints and inks
Plastics and fibreglass
Recycling and waste
Asbestos
Woodworking



Sports clubs
Metal working
Paper and packaging
Glass and ceramics
Food and beverages
Domestic appliances
Sporting goods
Jewellery



Art and antiques
Hotels
DSS and Asylum
Couriers
Haulage
Software developers
Residents property
Care homes



Charities
Telecommunications
Shopping centres
Go Kart and mini moto
Race tracks
Vacant premises
Musical instruments
Equestrian goods



Motor trade
High net worth
Products liability
Legal expenses
Motor fleet
Waste paper

Proposer's Name	
Trading Name	
Address (include postcode)	

**PLEASE COMPLETE THIS APPLICATION FORM GIVING AS MUCH DETAILS AS POSSIBLE
IF YOU FEEL A QUESTION IS NOT APPLICABLE TO YOU PLEASE EXPLAIN WHY**

Full description of activities	
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GENERAL

How long have you been trading?	
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What is your experience in this industry?	
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Are you registered with the CSCI? YES NO

(If YES, when was you last inspection?)

INSURANCE DETAILS AND HISTORY

Are you presently insured? YES NO

(if YES please give details of your current insurer)
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Have there been any claims in the past 5 years? YES NO

(if YES please give full details)

Has any Insurer refused to accept a proposal from you? YES NO

Has any Insurer refused to continue a contract of Insurance held by you? YES NO

Has any Insurer imposed special terms upon you? YES NO

HEALTH AND SAFETY

Definitions: Work Related Upper Limb Disorders ("WRULD") / Repetitive Strain Injuries ("RSI")

Have there been any reported incidents of WRULD or RSI amongst your Employees?

YES NO

(if YES please give full details)

Do Employees show evidence of such discomfort (i.e. sore wrists)

YES NO

(if YES please give full details)

Do you have a written Health and Safety policy which addresses WRULD / RSI?

YES NO

Who in your organisation is responsible for the implementation and control of these procedures?

What training and instruction is provided to Employees regarding repetitive processes?

Are records kept of this training instruction?

YES NO

Are medical enquiries made of prospective new employees regarding any existing WRULD or RSI problems

YES NO

(if YES please give details)

Are medical examinations carried out prior to employment (specifically relating to stiffness / aches in the hands) and later during employment?

YES NO

(if YES please give details)

Are you aware of any stress claims or employment related disputes?

YES NO

(if YES please give details)

Do you have any employees with symptoms of suffering from stress? (e.g. time off for stress related illness)

YES NO

(if YES please give details)

Is your reporting policy on stress, bullying and harassment in you staff handbook?

YES NO

Do you operate an Employee Assistance programme or similar?

YES NO

Do you employ a nurse / occupational specialist and what role to they play in Identifying and recording stress complaints?

YES NO

(if YES please give details)

Number of Managers / Senior Carers employed

Please detail qualifications and experience here

Number of Carers employed

Please detail qualifications and experience here

Number of other employees

Please give details of your recruitment procedure

Are staff trained in the following aspects of child care?

Child Aggression / Anger Management

YES NO

Restraint

YES NO

Child Protection

YES NO

Counselling

YES NO

Food Hygiene

YES NO

First Aid

YES NO

Fire Safety

YES NO

Are staff involved in lifting clients and is training provided?

YES NO

Do staff dispense prescription drugs?

YES NO

(if YES please detail the procedures)

Do staff provide educational services?

YES NO

Are children given structured counselling?

YES NO

What is the lowest carer to child ratio?

Are care staff on the premises 24 hours a day 365 days per year?

YES NO

CHILDREN

Please complete the following profile of the children

Gender	Number	Minimum Age	Maximum Age
Male			
Female			

Do you accept children who are / have?

Known Arsonists YES NO

Known Sexual Abusers YES NO

Alcohol Dependent YES NO

Drugs Dependent YES NO

Criminal Record YES NO

Please describe your acceptance procedure and criteria

ESTIMATES

Please detail total estimated wages and other earnings for the next period of insurance

Employees	Estimated Wages (per annum)
Clerical and Managerial (non-manual)	
Managers and Senior Carers	
Carers	
Others (please specify)	
Others (please specify)	
Others (please specify)	

Estimated Gross Turnover from Care Home

Estimate Gross Turnover (other areas, please specify)

DECLARATION

I/We agree that if this Insurance is completed, the protections and/or safeguards mentioned herein shall not be withdrawn or varied to the detriment of the Underwriters without their consent. To the best of my/our knowledge and belief, the information provided in connection with this Proposal, whether in my own hand or not, is true and I/We have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance. (N.B. A material fact is one likely to influence acceptance or assessment of this Proposal by Underwriters: if you are in any doubt as to what constitutes a material fact, you should consult your Broker). I/We understand that the signing of this proposal does not bind me/us to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made herein shall form the basis of the contract.

Signed _____

Date _____

Name _____

Position in Company _____

ABOUT YOUR PREMISES

PLEASE COMPLETE ONE SHEET FOR EACH PREMISES TO BE INSURED

Location Number	
Address (include postcode)	

Age of Premises		Number of Storeys	
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Please describe the construction materials of the following

Walls		Roof	
Floor		Stairs	

Are you the sole occupier? YES NO

Type of heating	
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Details of any portable heaters	
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Have the electrics been checked and certified by an NEICC contractor? YES NO

Are cooking facilities provided, other than the main kitchen area? YES NO

(if YES please give details)

Has a fire certificate been issued in accordance with fire regulations? YES NO

Do you permit smoking at work? YES NO

(if YES please detail where and what controls are in place)

ITEM TO BE INSURED	SUM INSURED REQUIRED	For office use only
Buildings, walls, gates & fences	£	
Fixtures & fittings and all other contents	£	
Residents effects	£	
(specify other items)	£	
(specify other items)	£	
(specify other items)	£	
(specify other items)	£	
Annual Gross Profit	£	
Indemnity period	months	
Annual Gross Profit	£	
Indemnity period	months	