



Camberford  
Underwriting

‘Welcare’  
Domiciliary Care  
Services  
Providers

Proposal Form

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## 1. IMPORTANT INFORMATION

### 1.1 Important Information

Please answer all of our questions.

Completing this form does not oblige us to agree to provide insurance to you, nor you to accept any quotation(s) we offer.

Should we accept your proposal, our acceptance will be based on the information presented to us being a fair presentation of you, your property and your business.

It is important that you understand that Insurers may treat policies as if they had never existed and decline all claims if you provide false or misleading information, withhold important information or fail to advise of any change to the information you have provided.

Please note that 'You' or 'Your' in the context of these questions and this proposal means the person(s) named as Proposer and/or any other director or partner of the named Proposer.

Unless you advise us otherwise, policy documents will be issued by email.

### 1.2 Data Protection – How we will use your Data

#### The Basics:

Camberford Underwriting, and the underwriters with whom we arrange insurance, collect and use relevant information about you to provide you with insurance cover and to meet our legal obligations.

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 and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide insurance cover and may prevent us from handling your claims.

Your information may be shared with, and used by, a number of third parties in the insurance sector for example insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

#### Other people's details you provide to us:

Where you provide us or your broker with details about other people, for example employees, you must provide this notice to them.

**Your rights:**

You have rights in relation to the information we hold about you, including the right to access your information held by us. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice, please use the contact details provided below or in our full privacy notice available at the website link below.

**Want more details?**

For more information about how we use your personal information and your rights please see our full privacy notice, which is available online at the following location:

[www.camberford.com/privacy](http://www.camberford.com/privacy)

**Contact Details**

Camberford Underwriting  
Data Protection Officer  
50 Fenchurch Street  
London  
EC3M 3JY

## 2. CONTACT INFORMATION

2.1 Name of insurance broker (if any)  
making this declaration of facts:

2.2 Name of person providing  
information within this form:

2.3 Contact Email:

2.4 Contact Telephone Number:



### 3. PROPOSER DETAILS

**3.1 Proposer(s):**

Full name of Proposer including trading name. Also include any/all subsidiary companies to be insured.

--

**3.2 Individual Name(s):**

Please list the names and date of births of all Directors and/or Partners of the Proposer(s):

Name:	Date of Birth:

**3.3 Correspondence Address:**

Full postal (correspondence) address:

Post Code:
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**3.4 Years Established:**

Number of years the proposer has been established:

--

**3.5 Years Experience:**

Number of years experience of the proposer within your business activities:

--

**3.6 FCA Classification:**

Please complete the following information which we must have for regulatory classification.

Does the Proposer's annual turnover exceed EUR 2,000,000?	YES/NO
What is the total number of full time employees of the Proposer?	

#### 4. BUSINESS ACTIVITIES

- 4.1 The business description for the proposed policy will be “Domiciliary Care Services Provider” and no other for the purposes of this insurance. If this is not sufficient to describe your business, please provide an explanation in the box.

- 4.2 If you have any other Business Interests, please provide details in the box below:

## 5. GENERAL QUESTIONS

- 5.1 Please read the following questions and state if they are true in respect of this proposal.  
Have you ever:

Had a proposal for insurance declined?

YES/NO

Had special conditions imposed onto an insurance policy or a policy cancelled?

YES/NO

Had a claim rejected by an insurer?

YES/NO

Had any criminal convictions (other than minor motoring offences) that are not yet spent or do you have any prosecution pending?

YES/NO

Been the subject of a County Court Judgement (or Scottish equivalent) or been declared bankrupt or insolvent or placed under administration?

YES/NO

Had an arson or suspected arson event, whether insured or not, at any property owned in part or in full by You or which you have occupied at the time of such event?

YES/NO

Had any formal objection or refusal of any registration or are there any circumstances known which may prejudice the continued holding of registration?

YES/NO

- 5.2 Financial Status and History of the proposer:

Are you currently trading at a loss or do you have debts that you may not be capable of servicing?

YES/NO

- 5.3 Is the proposer domiciled and registered in and does the proposer only undertake work within the United Kingdom, the Isle of Man and the Channel Islands?

YES/NO

- 5.4 Does the proposer undertake any work in Northern Ireland?

YES/NO

- 5.5 If you have answered Yes to any of the above questions please provide further details



## 6. PREMISES

6.1 Please list the full address of any Premises to be insured:

(if property is not being insured, please still list the locations from which you trade)

Premises 1:

Post Code:

Premises 2:

Post Code:

Premises 3:

Post Code:

Premises 4:

Post Code:

## 7. INSURANCE PRODUCTS

### 7.1.1 PROPERTY AND BUSINESS INTERRUPTION

Please complete the table to provide details of the cover you require:

SECTION	SUM INSURED			
	Premises 1	Premises 2	Premises 3	Premises 4
Buildings (including fixed glass, landlord's fixtures/fittings, outside walls, gates and fences)	£	£	£	£
Is the building constructed of non combustible floors, walls and roof space throughout?	YES/NO	YES/NO	YES/NO	YES/NO
Stock and Materials in Trade	£	£	£	£
Residents clothing and personal effects	£	£	£	£
All Other Contents (including fixtures & fittings, machinery, plant, tenants improvements and computers)	£	£	£	£
Day One Uplift. Do you wish to have the Sum Insured for Buildings and Contents adjusted by up to 15% in the event that costs of reinstatement or repair escalate between the date of loss or damage and the eventual settlement date?	£	£	£	£
Rent Payable	£	£	£	£
Indemnity Period (Rent Payable)	£	£	£	£
Business Interruption (Gross Profit)	£	£	£	£
Indemnity Period (Gross Profit)	£	£	£	£
Additional Increased Cost of Working	£	£	£	£
Rent Receivable	£	£	£	£
Indemnity Period (Rent Receivable)	£	£	£	£
Loss of Registration	£	£	£	£

### 7.1.2 General Property Sections (not premises specific)

Goods in Transit

£

*Included automatically at £1,000. Only state an alternative amount if you require a limit higher than this.*

Computer Equipment Breakdown at the Premises. **Maximum £50,000**

£

Computer Equipment Breakdown Increased Cost of Working. **Maximum £25,000**

£

All Risks to General Business Equipment

£

All Risks to Laptops & Mobile Phones

£

Fidelity Guarantee (Theft by Employees).

£

Money in Safe or Strongroom in the Premises

£

*Included automatically at £1,500. Only state an alternative amount if you require a limit higher than this.*

Money in Transit or Bank Night Safe

£

*Included automatically at £1,500. Only state an alternative amount if you require a limit higher than this.*

Book Debts

£

*Included automatically at £5,000. Only state an alternative amount if you require a limit higher than this.*

Stock Deterioration following Refrigeration Breakdown

£

*Included automatically at £1,500. Only state an alternative amount if you require a limit higher than this.*

### 7.1.3 Buildings/Construction (please answer the following questions in respect of this proposal)

Are the Premises constructed of brick and/or stone walls with slate, tile, felt, or concrete roof?

YES/NO

Do any premises have a flat roofed area exceeding 25% of its total?

YES/NO

Are any premises an individual flat or tenement building?

YES/NO

Are any premises Listed?

YES/NO

#### 7.1.4 Occupancy

Are any of the premises shared with another occupant?

YES/NO

If YES, please provide details:

Do service users occupy any of your premises or are they used for any purpose other than your office for administration of the business?

YES/NO

#### 7.1.5 Security

Please complete the table to provide details of the security protections in effect at each Premises:

	Premises 1	Premises 2	Premises 3	Premises 4
Intruder Alarm	YES/NO	YES/NO	YES/NO	YES/NO
CCTV	YES/NO	YES/NO	YES/NO	YES/NO
Gated Unit	YES/NO	YES/NO	YES/NO	YES/NO
24 Hour/Overnight Manned Security	YES/NO	YES/NO	YES/NO	YES/NO
Roller Shutters to all external leading doors, shop front and other large glass external facing areas.	YES/NO	YES/NO	YES/NO	YES/NO

#### 7.1.6 Subsidence (please answer the following questions in respect of this proposal)

Are all Premises free from signs of damage which may be attributable to Subsidence, Landslip or Heave?

YES/NO

Are any Premises being monitored or has it previously been monitored for Subsidence, Landslip or Heave – or actually incurred damage from Subsidence, Landslip or Heave?

YES/NO

#### 7.1.7 Flood

Are any Premises in a flood plain or area that has previously flooded?

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

7.1.8 **Age of Buildings and Number of Storeys** (please complete the table to confirm the Age and number of storeys in respect of each premises to be insured)

	Premises 1	Premises 2	Premises 3	Premises 4
Year Built				
Number of Storeys				

7.1.9 **Terrorism.** Do you require Terrorism Cover?

YES/NO

## 7.2 LEGAL LIABILITY

### 7.2.1 Limits of Indemnity

Please state the limits of indemnity that you require for Employers' and Public/Products Liability insurance

<b>Employers' Liability</b>	<b>£</b>
<b>Public/Products Liability</b>	<b>£</b>
<b>Fidelity Bonding</b>	<b>£</b>

### 7.2.2 Estimated Annual Payroll/Wageroll & Turnover & Number of Carers

Please provide details of estimated wageroll, turnover and number of carers for the next 12 months:

	<b>Wageroll/ Payroll</b>	<b>Turnover</b>	<b>Number of Carers</b>
Clerical (non manual work) employees	£	£	
Domiciliary Care (care at service user's homes)	£	£	
Care in Nursing or Residential Care Homes or Hospitals	£	£	
Other	£	£	
<b>TOTAL</b>	£	£	

### 7.2.3 Profile of Service Users

Please provide details of the service user profiles relating to your business

	<b>% Of Service Users</b>
Elderly	%
Physically Disabled	%
Convalescence	%
Mentally Impaired/Disabled	%
Drug/Alcohol Dependency/Rehabilitation	%
Children (Under 18)	%
Sectioned under the Mental Health Act	%
Mentally Impaired/Disabled	%
Other	%



#### 7.2.4 Business Profile

Do you operate, own, or operate a care home?

YES/NO

Is care provided to known arsonists and/or sex offenders?

YES/NO

Do you enter into contracts which affect your liability under statute or common law?

YES/NO

Do you (or any carer or employee engaged by you) prescribe medicine?

YES/NO

#### 7.2.5 Risk Management

Do you undertake Disclosure and Barring Service (or local equivalent criminal records) and other checks required by current legislation/regulation for all carers/employees?

YES/NO

Do you ensure that suitable qualifications are held by all carers/employees?

YES/NO

Do you take up references for all carers/employees in accordance with current legislation/regulation?

YES/NO

Do you carry out regular risk assessments and retain records of such?

YES/NO

Do you retain training records for all carers/employees?

YES/NO

Do you have a written Health & Safety policy which is conveyed and accessible to all carers/employees?

YES/NO

Have you ever been prosecuted under a Health & Safety at Work Act or any other law in relation to duties as an employer?

YES/NO

Do you ensure that patient records are kept in accordance with Data Protection requirements and the requirements of all other prevailing legislation and regulation?

YES/NO

Are you licensed and registered with the Care Quality Commission (CQC) or equivalent local regulator?

YES/NO

Do you ensure that all registered dental and medical practitioners are members of the recognised organisations/associations and fully insured for their own malpractice?

YES/NO

Do you have a written policy detailing the procedure for administering medicine which is conveyed and accessible to relevant carers/employees? (if medicine is administered by the proposer or carers/employees supplied by the proposer)

YES/NO

Do you ensure that all carers/employees are competent and trained to undertake the activities for which they are employed/responsible?

YES/NO

Have all (if any) requirements made by the Care Quality Commission (or equivalent local regulator) been completed?

YES/NO

#### 7.2.6 HMRC Employers Reference Number

Company	ERN Status	ERN Number

If exempt, please explain below:

**7.3 DIRECTORS & OFFICERS LIABILITY****Do you require Directors & Officers Liability Insurance?**

YES/NO

If YES, please complete questions 7.3.1 to 7.3.6. If NO, please continue to question 7.4

**7.3.1 Limit**

Please state the Limit of Indemnity required for Directors &amp; Officers insurance:

**7.3.2 D&O General Questions** - Please answer the following questions in respect of this proposal:

Has the company been established for more than 12 months?

YES/NO

Do the Company's activities involve the provision of financial products or services?

YES/NO

Does the Company's latest annual report and accounts show a positive net income (after tax)?

YES/NO

Does the Company's latest annual report and accounts show a positive shareholder funds/net worth?

YES/NO

Does the Company have any assets or subsidiaries in the USA or Canada?

YES/NO

Are the Company's shares publicly traded on any stock exchange?

YES/NO

Have any claims been made against any past or present Director or Officer of the Company or its Subsidiaries?

YES/NO

Are you aware of any circumstances which may give rise to a claim?

YES/NO

**7.3.3 Turnover**

Please state your Company's total consolidated turnover as shown in your latest annual report and accounts:

**7.3.4 Company Registration Number**

Please state your Company Registration Number:

### 7.3.5 Entity and Employment Practices Liability Limit

Please indicate the Limit required for Entity and Employment Practices Liability. If NONE, please continue to question 7.4:

NONE	<input type="text" value="YES/NO"/>
£250,000	<input type="text" value="YES/NO"/>
£500,000	<input type="text" value="YES/NO"/>

### 7.3.6 Entity and Employment Practices Liability General Questions - Please answer the following questions in respect of this proposal:

Do you have written employment and grievance procedures that have been issued to all employees?	<input type="text" value="YES/NO"/>
Do you have MORE than 100 employees?	<input type="text" value="YES/NO"/>
Are you anticipating any redundancies in the next 12 months?	<input type="text" value="YES/NO"/>
Are any final stage disciplinary procedures or other formal processes underway that could give rise to a claim?	<input type="text" value="YES/NO"/>
Have there been any claims, or circumstances that might lead to a claim, involving any of you?	<input type="text" value="YES/NO"/>

**7.4 LEGAL EXPENSES****Do you require Legal Expenses Insurance?**

YES/NO

If YES, please complete questions 7.4.1 7.4.5. If NO, please continue to 7.5

**7.4.1 Wageroll**

What is your estimated total Wageroll for the forthcoming period of insurance (next 12 months)

**7.4.2 Contract Disputes**

Do you require cover for contractual disputes?

YES/NO

**7.4.3 Disputes, Prosecution, Activities**

Have you, your business or employees been involved in any legal disputes, action or prosecution (excluding driving offences) during the last 5 years whether insured or not?

YES/NO

**7.4.4 Redundancies**

To the best of your knowledge and belief, are any redundancies envisaged in your business within the next 12 months?

YES/NO

**7.4.5 Mergers/Takeover**

In the last 3 years, have you been taken over, merged with or taken over any other company, or to the best of your knowledge and belief is it likely that your firm will take over another firm within the next 12 months?

YES/NO

## 8. CLAIMS HISTORY

### 8.1 Claims History

Have you or any of your Directors or Partners, or any company of which any of you have been a director, or any partnership of which any of you have been a partner, sustained any loss or damage or had a claim made against you during the last 5 years?

YES/NO

IF YES please complete table below:

Date of Claim	Claim Type/Circumstances of Claim	Total Claim Amount	Status
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED



## 9. DECLARATION

### 9.1 Additional Information

In the box below, please state any additional information necessary to provide; insofar that it increases a risk or might otherwise be relied on by us to make a fair and reasonable assessment of your proposal.

### 9.2 Declaration

Do you confirm that the statements made and questions answered on behalf of the proposer are to the best of your knowledge and belief true and complete?

YES/NO

Signed:

Date: