Please complete this proposal and return it to your insurance adviser or to:

The New India Assurance Company Limited,
3rd Floor,
Crown House
Crown Street,
Ipswich,
Suffolk IP1 3HS
Elderly 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 facts which are likely to influence the New India’s acceptance of your proposal. If you are in any doubt about whether or not a fact is material, you should disclose it.

General Information

1. First name(s) of Proposer in full
   ________________________________
   ________________________________

   Surname of Proposer
   ________________________________

   Trading name of Proposer
   ________________________________

   Limited Company name
   ________________________________

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
   ________________________________
   ________________________________

Omission or mis-statement may affect the settlement of claims under this Policy, or make the Policy invalid.

Please read the summary of cover for details of the cover available. A specimen policy can be provided on request.

6. Does the home provide residential Accommodation for:
   (a) anyone under 55 years of age?  Yes  No
   (b) those who are liable to be detained under the provisions of the Mental Health Act 1983?  Yes  No

If either answer is ‘Yes’ Please give details of age and medical condition

<table>
<thead>
<tr>
<th>Age</th>
<th>Medical Condition</th>
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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 Community?  Yes  No
   (b) Sheltered Accommodation?  Yes  No
   (c) any other facilities/activities?  Yes  No

If ‘Yes’ to any of the above, please give details

<table>
<thead>
<tr>
<th>Details</th>
</tr>
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</table>

9. Is the Home registered under the Care Standards Act 2000?  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 the 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

<table>
<thead>
<tr>
<th>Authority Name</th>
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...
11. Is the home registered as a charity with the Inland Revenue?

12. (a) Do you have a written Health and Safety policy?  
    (b) Are you complying with the provisions of the  
        ii) Management of Health and Safety at Work Regulations 1999?  
        iii) Control of Substances Hazardous to Health Regulations 2002?  
        iv) Personal Protective Equipment at Work Regulations 1992?  
        v) Workplace (Health, Safety and Welfare) Regulations 1992?  
        vi) Regulatory Reform (Fire Safety) Order 2005, The Fire (Scotland) Act 2005 or The Fire & Rescue Services (Northern Ireland) Order 2006 as appropriate?

13. (a) Do you keep an accident book?  
    (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?  

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  
        ii) Cancelled or refused to renew a policy?  
        iii) imposed special terms?  
    (b) during the past five years  
        i) there has been insurance at any time  
        ii) loss, damage or liability, whether insured or not, has arisen

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?  

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?  

Do you have any reason to believe that objections would be raised to future applications or renewals?  

If either answer is ‘Yes’, please give details

18. (a) State the period in business at Home  
    (b) How many years experience has the management/proprietor had in running an elderly care home?
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 premises
   (a) built from brick, stone or concrete and roofed with slates tiles concrete metal asbestos or sheets or slabs composed entirely of incombustible mineral ingredients?
       Yes  No
   (b) in a good state of repair and will be so maintained?
       Yes  No
   (c) in a position or area likely to be subject to flooding or where flooding has occurred?
       Yes  No

26. Do you use any cellars or floors below street level?
       Yes  No
   If answer is ‘Yes’, please give details

27. (a) Are you aware of any past or existing structural damage to the building?
       Yes  No
   (b) Has the building been under pinned or subjected to other means of additional structural support?
       Yes  No
   (c) Has subsidence, heave or landslip occurred in your neighbourhood?
       Yes  No
   If any answer is ‘Yes’, please give details

28. 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

29. 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

30. (a) Is your electrical installation inspected at regular intervals in accordance with Electricity at Work Regulations 1989 or as subsequently amended?
       Yes  No
   (b) Please state the age of the plumbing and heating system.

Please note that if the age of the plumbing and heating system exceeds 25 years of age then a £750.00 escape of water excess will automatically apply.

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

3. **Do you wish to insure reduction in revenue following the closure of the Home by a public authority as the result of a notifiable disease, food poisoning, vermin, pests or defective sanitation, and murder or suicide at the Home?**
   - **Yes**
   - **No**

### Contents

The sums insured must be the full value or you will run the risk of your claim settlement being reduced.

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 extend the cover to include full Value Terrorism?**
   - Yes
   - No

4. **Do you wish to insure any further items?**
   - Yes
   - No
   - If ‘Yes’, please enter details and sum(s) insured

5. **Do you wish to increase either or both of the standard sums insured under Section 6. Refrigerated Stock and Section 7. Goods in Transit?**
   - Yes
   - No
   - (please refer to the Summary of Cover.)
   - If ‘Yes’, please give details
Liability

Employers Liability
1. Do you require cover for Employers Liability?
   Wages of all your Employees at the Premises
   Yes  No
2. a) Clerical Staff (including commercial travellers and managerial employees
   who do not engage in manual labour)
   
   b) Split of the manual wageroll as follows

<table>
<thead>
<tr>
<th>Number</th>
<th>Annual Wageroll</th>
<th>Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matron</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualified Nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Auxiliaries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic &amp; Maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   c) Manual wageroll away from the premises
   
   Yes  No

3. Have you obtained Criminal Records Bureau vetting for all staff?
   Yes  No

Public Liability
1. Do you require cover for Public Liability?
   Yes  No
2. The standard limit of indemnity is £2,000,000.
   Do you wish to increase this to £5,000,000.
   Yes  No
3. Turnover of your Business
   a) Generated by your care home
   b) Generated by work away from the care home

Treatment Risk
1. Do you require cover for Treatment Risks?
   Yes  No
2. If yes, the standard limit of indemnity is £2,000,000.
   Do you wish to increase this to £5,000,000.
   Yes  No
Optional Section

You may take out any or all of these Optional Sections of cover. The Summary of Cover provides further details.

1. Do you wish to insure the Building
   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?
   If ‘Yes’, please state the sum insured you require

3. Do you require Fidelity Insurance?
   If ‘Yes’, please refer to the standard system of check and supervision in the Summary of Cover.

4. (a) Do you wish to insure against breakdown of or damage to your Computer?
   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?
      If ‘Yes’, please state the sum insured for reinstatement of data

5. Do you require cover for Legal Expenses?
   If ‘Yes’, 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)?
   If ‘Yes’, please give details and state replacement values.
Please use this space to disclose additional information which may influence assessment and acceptance of your proposal.
Notes

Some or all of the information which you supply to New India Assurance Company Ltd in connection with this insurance will be held by the Insurer on computer. Information may be passed to other insurance companies, professional firms employed by insurance companies or any other recognised authority directly concerned with this type of insurance. 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 complete and I/we have disclosed all material facts.

I/We understand that non-disclosure or misrepresentation of a material fact will entitle the Insurer to avoid any insurance granted. (A material fact is one likely to influence acceptance or assessment of this proposal by the Insurer. If you are in any doubt as to what constitutes a material fact 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.

Signature
Date

Print full name

Position in the company