



BROKER QUOTE FORM

Email completed form to info@direct2networks.co.uk or fax to 0845 272 3526

GENERAL COMPANY INFORMATION

Title of Insured:	
Trading name:	
Risk Location:	
Address Line 1:	
Address Line 2:	
Town:	
Post Code:	
Business Description:	
Renewal Date:	
Current Insurer:	
Premium Paid:	
Year Established :	
Please state the approximate percentage division of your patients/residents between the following Service User Categories: Please tick answer(s)	
Dementia :	Drugs:
Elderly:	Alcohol:
Mental Disorder :	Terminally ill:
Learning Difficulties :	Sensory Impairment :
Physical Disability:	Other:
RISK MANAGEMENT	
Date of last survey :	
Who carried out last survey (Insurer/Broker)?	

Are premises in a good state of repair?

Details of outstanding recommendations?

Does Insured have a Health & Safety policy?





1. Supervision of employees:
2. Permit to work in respect of:
(i) Hot work (ii) Machinery maintenance (iii) Other hazardous activity If yes, please specify:
YEAR LOSS INFORMATION TABLE - CLAIMS
Date of Loss: Brief Description of Loss Settled Outstanding:
Have there been any claims made or are you aware of any circumstances which might be reasonably expected to give rise to a claim for abuse? (Please tick answer) Yes No
If 'Yes', please give full details and relevant dates:
Is the home in an area free from flood? How long have you been trading at these premises? Years
Structure and Style of Property (Please tick answer) Purpose Built: Conversion:
If conversion, please describe fully the use of the property Age of Property: Number of floors: Number of beds: Details of occupants:
Construction: Is the Property built entirely of brick, stone or concrete and roofed solely of slate, tile, concrete, metal or asbestos? If not, please provide details below

Does the Property have any history or damage caused by subsidence or landslip? (Please tick answer)

Yes





Are you aware of any subsidence or landslip problems in your local area? (Please tick answer)

Yes No

SECURITY

Door locks: Window locks: Intruder Alarm Type:

Fire Protection (Please provide full details)

Sprinkler: Extinguishers: Hose Reels: Fire Alarm: Deep Fat Frying:

Was your current Health & Safety Policy created by your own staff?

Is responsibility for your health, safety and safeguarding issues designated to a senior manager/leader?

STANDARD COVER AND YOUR INDIVIDUAL REQUIREMENTS

SUMS INSURED

Property

- 1. Buildings declared value:
- 2. General Contents declared value:
- 3. Tenants Improvements:
- 4. Owners Personal Effects:
- 5. Residents Effects:
- 6. Computer Equipment:
- 7. Frozen Food:

Business Interruption

- 1. Annual Revenue:
- 2. Rent Receivable: Indemnity Period (24, 36 months):
- 3. Gross Profit:
- 4. Increased cost of working:
- 5. Book Debts:
- 6. Extensions:
- 7. Deductible:

Buildings:

Machinery/Plat/Fixtures 7 Fittings:

Stock / Work in progress:

Wines & Spirits sum insured:

Tobacco sum insured:

Loss of License:

Computers and electrical business equipment:

All other Items (Specify):





GLASS BREAKAGE

All Glass/External Glass/Internal Value:

PUBLIC AND PRODUCTS LIABILITY

Limit of Indemnity:

EMPLOYEE LIABILITIES - Annual Wages Declaration

Number of Staff:

Total Annual Wages £

Please provide split in wages as follows:

- 1. Directors and Officers £
- 2. Carers £
- 3. Domiciliary Carers £
- 4. Office/Administration £
- 5. Maintenance £
- 6. Chefs and Kitchen Staff £
- 7. Waitress/Foodservice £
- 6. All other wages £

How many full and part-time staff do you have?

Full-time:

Part-time:

Money (Please provide full details)

Money on Premises:

During Business Hours:

In Dwelling of Insured/Employee:

In Safe:

Details of Safes and Limit per safe:

Please provide make/model and serial number of safes in which money is kept:

- 1. Make Model Serial No.
- 2. Make Model Serial No.

How many people have keys and access to the safe?

Do you comply with all legislation and guidelines applicable to your activities relating to the safeguarding of children/young people/ vulnerable adults where appropriate the use if the criminal record Bureau's Disclosure Service?

Do any persons in your care have learning disabilities, mental disorders, dependencies or may they be described as displaying 'challenging', 'anti-social' or other behavioural difficulties?

Do you undertake activities away from your premises involving those in your care?





Do you keep appropriate	records of abuse allegations or incidents including notification to the authorities?
Yes	No
Does your bu Yes	usiness activities include providing domiciliary care? No
If 'Yes', pleas	se confirm estimated revenue in respect of domiciliary care:
Please confir	m estimated wage figure in respect of domiciliary care:
Additional In	formation