

Proposer:	
Correspondence Address:	Risk Address (if different):
Post Code:	Post Code:
Telephone:	Website:
Fax:	Contact Name:
Email:	
Date Established:	Start Date of Insurance:
Please list any additional activities you may provide other than the following: <i>Personal care, bathing/dressing, administering of prescribed/non-prescribed medicines, night care, carers respite service, cleaning/cooking/household tasks, shopping &amp; laundry, handyman &amp; gardening services:</i>	
Do you work with people affected by mental health issues or who display challenging behaviour?	YES/NO*
If care is provided within residential nursing homes or hospitals, please provide the percentage:	%
If qualified nursing care is provided, please indicate the percentage of turnover:	%
What is your anticipated turnover for the coming year?:	
Are the standard limits under this policy adequate for your requirements?:	YES/NO*
If not, please supply details of amendments required (eg. buildings sum insured, higher values for office contents etc.) Please indicate should any computer/ancillary equipment exceed £3,000.00 any one item.	
Are you registered with the Commission of Social Care Inspection (CSCI)?	YES/NO*
If yes, please provide registration number, if No, please detail why:	
Have the CSCI undertaken an audit in the last year?	YES/NO*
If yes, please provide date of inspection:	
Were any requirements imposed as a result of the audit?	YES/NO*
If yes, have these been implemented?	YES/NO*
If No, please detail why:	
Do you have a written policy statement on the protection of children and vulnerable adults, with a designated person responsible for all issues relating to compliance with regulations and guidance?	YES/NO*
Do you undertake CRB checks on all existing and prospective employees and verify their identity, qualifications and references?	YES/NO*

Do you require further information about any of the following optional covers? (please note additional premium payable)	
Personal Accident:	YES/NO*
Loss of No Claim Discount/Excess Protection:	YES/NO*
Buildings:	YES/NO*
Professional Indemnity:	YES/NO*
Travel:	YES/NO*
Do you require the interest of your local authority, or any other interested party (eg. franchisor/mortgagor noting under the policy)?	
YES/NO*	
If yes, please supply full details:	
Referring to you or any of your partners or directors, have any insurers ever:	
a) declined your proposal?	YES/NO*
b) not invited renewal of your policy?	YES/NO*
c) refused to renew, or cancel your policy?	YES/NO*
d) increased your premium on renewal or imposed special conditions?	YES/NO*
e) stipulated that you should bear the first portion of any loss?	YES/NO*
If the answer to any of the above is yes, please give details:	
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 conviction?	
YES/NO*	
If yes, please give details:	
Have you suffered any claim in the last 3 years?	
YES/NO*	
If yes, please give details:	
<p><u>Declaration</u></p> <p>All members of staff involved in lifting and personal care have undergone relevant training in moving and handling awareness.</p> <p>I/we declare that to the best of my/our knowledge and belief, that the statement made by me/us or on my/our behalf are true and complete and that I/we have not suppressed, misrepresented or misstated any material fact and that I/we agree to accept the terms and conditions in the policies of Allianz Cornhill Insurance.</p> <p>I/we agree that if any answer has been written by any person other than the undersigned then he/she shall for that purpose be regarded as my/our agent and not an agent of the company.</p> <p>(Signing this form does not bind the proposer to complete this insurance)</p>	
Signature(s) of Proposer(s)	Date