

DUAL Social Care

# Care risks

Proposal form

**DUAL**

This is the information which **we** have based your policy terms and conditions upon. For the purpose of this insurance this constitutes your fair presentation of risk.

A fair presentation of the risk is one which discloses to us every material circumstance which You know of or ought to know of, or gives **us** sufficient information to put **us** on notice that **we** will need to make further enquiries for the purpose of revealing those material circumstances, and which makes that disclosure in a manner which is reasonably clear and accessible to Us, and in which every material representation as to a matter of fact is substantially correct and every material representation as to a matter of expectation or belief is made in good faith.

A material circumstance is one that would influence **our** decision as to whether or not to agree to insure **you** and, if so, the terms of that insurance. If **you** are in doubt as to whether a circumstance is material you should disclose it to **us**.

Where corrections or changes are required **we** may recalculate the policy terms and conditions accordingly. Failure to advise **us** of corrections or changes or to make a fair presentation of the risk could prejudice, reduce or modify **your** rights under the policy.

**You** must notify **us** within 14 days of inception/renewal of any inaccuracies or changes required.

## Part A | You and your services

A1. Insured name

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A2. Period of insurance

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A3. Correspondence address

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A4. Business trading addresses

Premises 1

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Premises 2

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Premises 3

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Premises 4

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Premises 5

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Premises 6

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Premises 7

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Premises 8

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Premises 9

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Premises 10

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A5. Year business established

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A6. ERN/PAYE number

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A7. Current insurer/MGA

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A8. Current broker

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## Premises 1

A9. Is the business registered with the Care Quality Commission or equivalent regulatory body? Yes      No

If you have answered 'yes' to question A9 above, please provide score achieved

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A10. Date of last inspection

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A11. Are there any outstanding requirements? Yes      No

If you have answered 'yes' to A11, what are they?

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A12. Please provide details of any regulation action planning to support any outstanding requirements

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A13. What services is your business registered for?

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A14. Residents minimum age

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A15. Registered number of beds provided

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A16. Number of beds currently occupied

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A17. Is it the homes intention to accommodate residents:

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a.	Displaying, or with potential to display aggressive or violent behaviour?	Yes	No
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b.	With a history (actual or attempted) of sexual offences, arson, or attacks on people or property	Yes	No
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If you have answered 'yes' to A17a or A17b, please provide details

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A18.	Are you responsible for any service users money?	Yes	No
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If yes, can you confirm there's an appropriate policy in place to record any transactions?

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A19. What is the staff to service user ratio?

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A20.	Is there a policy in place to prevent 1:1 situations whereby a member of staff is left unaccompanied with one unaccompanied child?	Yes	No
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A21.	Do all service users have their own room?	Yes	No
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A22.	When users are sharing a room, please confirm compatibility checks have been undertaken to ensure safety of each user (age, sex, disability, behavioural and/or psychiatric history)	Yes	No
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A23.	Is there appropriate signing in/out procedures in place to ensure children's whereabouts are known at all times?	Yes	No
A24.	Please confirm procedures are in place to ensure that service users do not smoke nor have access to any drugs or alcohol?	Yes	No
A25.	Are appropriate and evidenced embassy checks undertaken for staff brought in from outside of the UK?	Yes	No

## Part B | Experience/qualifications in the sector

B1. Qualifications of the registered manager

B2. Owner experience in the sector

## Part C | Employees and safeguarding

C1.	In respect of all employees, are DBS and POVA checks complete?	Yes	No
C2.	What training is provided to monitor and handle violent and aggressive behaviour?		
C3.	Are necessary checks carried out regarding employees' qualifications, past employment and health?	Yes	No
C4.	Do you provide induction training incorporating company policy and procedures and provide a system that can evidence employee training and development?	Yes	No
C5.	Do you operate a system in respect of recording instances or allegations of abuse or assault on employees or service users and the subsequent actions taken?	Yes	No

If you have answered 'no' to C3, C4 or C5, please provide details

C6.	Do you have a health and safety system in place, as well as a written protection policy to guard against abuse of your service users?	Yes	No
C7.	How is accident reporting undertaken and controlled?		
C8.	If applicable, can a view be taken across more than one site to establish any trends?	Yes	No

## Part D | Insurance cover required

D1.	Is cover for computer and electronic office equipment required?	Yes	No
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### Premises 1

D2.	Is buildings, tenants' improvements or debris removal only cover required?	Yes	No
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Please select

Sum insured

D3.	Is contents cover required?	Yes	No
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Sum insured

D4.	Does this include residents contents?	Yes	No
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Sum insured

D5.	Does this include stock?	Yes	No
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Sum insured

D6.	Is business all risks cover required, including any computer equipment away from the premises?	Yes	No
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Sum insured

## Part E | Premises details

### Premises 1

E1. Approximate year of construction of property

E2. Is the premises purpose built for the current usage?

Yes

No

If you have answered 'no' to E2,  
please provide details

E3. Are the buildings external walls are built of brick or stone and roof constructed of slate or tiles?

Yes

No

If you have answered 'no' to E3,  
please provide details

E4. What % of the roof is flat?

E5. Do you or any other staff members live at the premises?

Yes

No

E6. Is the premises occupied solely as a care home?

Yes

No

If you have answered 'no' to E6,  
please provide details

E7. Are staff in attendance 24 hours per day?

Yes

No

If you have answered 'no' to E7,  
please provide details

E8. Is the property on a site that has suffered from flooding at any time over the past 10 years

Yes

No

If you have answered 'yes' to E8,  
please provide details

E9.	Is the building in a good state of repair?	Yes	No
	If you have answered 'No' to E9, please provide details		
E10.	Is the property a listed building?	Yes	No
	If you have answered 'yes' to E10, please state grade		
E11.	Has the property been affected by movement, for example subsidence, heave or landslip, any drainage issues or situated on made up ground, near underground workings or near a cliff?	Yes	No
	If you have answered 'yes' to E11, please provide details		
E12.	Are all frying and other cooking range flues, exhaust ducting, grease traps, sumps & filters inspected at least monthly and cleaned as necessary (min annual requirement)?	Yes	No
	If you have answered 'no' to E12, please provide details		
E13.	Are Regulators in place to restrict the temperature of hot water and radiator / water pipes surface to a maximum of 43°C?	Yes	No
E14.	Are there any interested parties to be noted?	Yes	No
	If you have answered 'yes' to E14, please provide details		

E15. Is there any deep fat frying undertaken at the premises?	Yes	No
<p>If you have answered 'yes' to E15, please confirm the following:</p> <ul style="list-style-type: none"> <li>• Size of deep fat fryer (litres)</li> <li>• Any fire suppression system in place</li> <li>• Fire alarm level and monitoring</li> <li>• They are cleaned to a TR-19 standard (please provide sight of the latest report)</li> <li>• Average usage – i.e. daily / once a week etc</li> <li>• How long are they left to cool whilst supervised</li> <li>• Location of the kitchen within the premises</li> </ul>		

## Part F | Business interruption

F1. Do you require cover for business Interruption?	Yes	No
F2. Cover type		

### Premises 1

F3. If gross revenue is selected, what is your annual fee income?		
Limit of indemnity		
F4. If increased cost of working is selected, what annual cost is required?		
Limit of indemnity		

F5.	If loss of rent is selected, what is the rent received?		
	Limit of indemnity		
F6.	What indemnity period is required?		
F7.	Do you require cover for loss of registration?	Yes	No
	Limit for loss of registration		

## Part H | Liabilities

H1.	Do you require employer's liability cover?	Yes	No
H2.	What are the estimated wage rolls for		
	Clerical/management		
	Nurses/carers		
	Maintenance/auxiliary staff		
	Dom care wageroll		
H3.	Do you require public/products liability cover?	Yes	No
	Public liability basis of cover		
	Public liability retroactive date		
	Limit of indemnity required		
H4.	Is abuse cover required?	Yes	No
	Abuse basis of cover		
	Abuse retroactive date		

H5.	What is the estimated annual revenue for the coming year?		
H6.	Do you require malpractice cover?	Yes	No
	Malpractice & Professional Indemnity limit of liability		
	Basis of cover for Malpractice & Professional Indemnity		
	Malpractice & Professional Indemnity retroactive date		

## Part I | Personal accident

I1.	Is Group Personal Accident cover required?	Yes	No
I2.	Are all persons to be insured in a good physical and mental condition?	Yes	No
I3.	Are all persons to be insured under the age of 75?	Yes	No

## Part J | Legal expenses

J1.	Is legal expenses cover required?	Yes	No
J2.	Has there been more than one claim or dispute to which this policy would have applied within the last 5 years?	Yes	No
	If you have answered 'yes' to J2, please provide details		
J3.	Are you aware of any cause, event or circumstance which may give rise to a claim under any other business legal expenses?	Yes	No
	If you have answered 'yes' to J3, please provide detail		
J4.	Has the business made more than 10% of their workforce redundant in the last 12 months and plans to make more than 10% redundant in the coming 12 months?	Yes	No

Has the business had more than a 20% fall in turnover in the last 12 months and does envisage more than a 20% fall in turnover in the coming 12 months?

Yes

No

## Part K | General

In respect of the risks to be insured, whether at these premises or elsewhere

- |     |  |     |    |
|-----|--|-----|----|
| K1. | Has an insurer, in respect of all sections to be Insured, declined to issue or renew a policy or imposed special terms or conditions?  | Yes | No |
| K2. | Are you aware of any incidents that may give rise to a claim specifically in relation to abuse?  | Yes | No |
| K3. | Have you or any of your employees (past and present) ever received any disciplinary action or sanctions from any outside agency or been subject to any criminal proceedings within the last 3 years?   | Yes | No |
| K4. | Have any of the Directors, Governors, Officers or Partners of the business ever been declared bankrupt and/or been a Director/Partner of a company which has gone into liquidation, administration, receivership or been subject of a County Court judgement (or the Scottish equivalent)? | Yes | No |

If you have answered 'yes' to K1, K2, K3, or K4, please provide details

- |     |   |     |    |
|-----|---|-----|----|
| K5. | Has the business taken technical and organisational measures to comply with GDPR legislation? | Yes | No |
|-----|---|-----|----|

## Part L | Claims

- |     |  |     |    |
|-----|--|-----|----|
| L1. | In respect of the risks to be insured have there been any losses, damage, injury or liability incidents during the past 5 years, whether insured or not? | Yes | No |
|-----|--|-----|----|

If you have answered 'yes' to L1, please provide full details

A. Premises

Date

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Detail

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Paid Amount

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Reserve Amount

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B. Premises

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Date

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Detail

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Paid Amount

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Reserve Amount

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C. Premises

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Date

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Detail

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Paid Amount

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Reserve Amount

## Coronavirus declaration

You have complied with the current guidance issued by the government and the Health Service Executive concerning the management of COVID-19 risks including but not limited to:

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1.	COVID-19 risk assessments have been completed and communicated to their workforce	Yes	No
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2.	Documented procedures which comply with all aspects of the current guidance that are relevant to your business are in place and are being enforced	Yes	No
3.	Risk assessments and procedures will be kept under continual review and will be updated as soon as reasonably practicable should the guidance change or adjustments be required to improve their effectiveness.	Yes	No

Signed

Date

Position

### Data Protection and Privacy Statement

Not applicable to Section 4 Legal Expenses. Please refer to the Legal Expenses Section of the Policy Wording for further details on Markel Law’s Data Protection & Privacy Statement.

#### How we use information

For the purpose of data protection, the Controller of personal data is DUAL Corporate Risks Limited.

DUAL regularly collect and use information which may identify individuals (“personal data”) and understand the responsibilities to handle personal data with care, to keep it secure and to comply with applicable data protection laws.

DUAL may share personal data with third parties where DUAL have a valid reason to do so.

Full details on how information is processed, who DUAL may share information with and details about data rights can be found in full at Privacy & Data Protection Policy | DUAL

#### Full details on how information is processed by us:

Carbon Underwriting Limited protection statement can be found on their website via <https://www.carbonuw.com/legal/privacy-policy>

## Helping you do more

One Creechurch Place, London EC3A 5AF

[dualinsurance.com](https://dualinsurance.com)

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