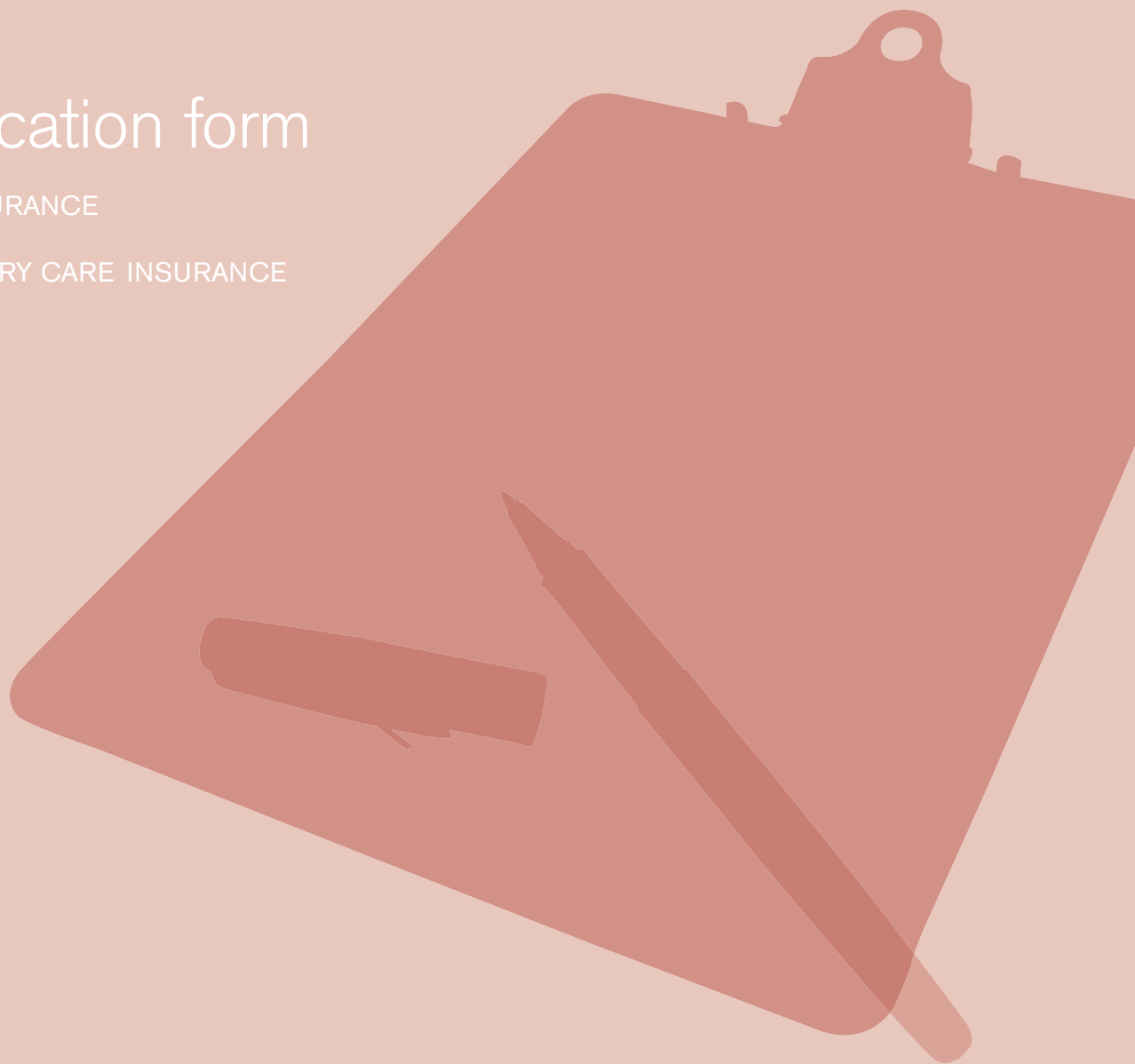


application form

CARE INSURANCE

DOMICILIARY CARE INSURANCE



To Ecclesiastical Insurance Office plc, Fitzwilliam Business Centre, 77 Sir John Rogerson's Quay, Dublin 2.

Answers to the following questions and any additional details presented to the Company assist us in the assessment of the risk. You must let us know all material facts relevant to this insurance. Failure to do so could result in you not being insured and claims being refused. Material facts are those which would be likely to influence an insurer's consideration of the application. If you are in any doubt as to whether a fact is material you should include it. You should keep a record (including copies of letters) of all information supplied to the Company in connection with this insurance. A copy of this application form is available on request within three months of completion. A specimen policy document is also available.

Please complete in BLOCK CAPITALS and tick where indicated and use additional sheets if necessary.

This form should be completed if you are a domiciliary care agency and you wish to insure your legal liabilities arising from the service you provide.

Note: If you are either a nurses agency or an employment agency (acting solely as introducers of workers with no further management role) we are unable to accept your application. Please do not proceed further with this form – contact your broker.

1 In the box below, please provide details of any other policy you hold with us

(such as the insurance on a care home)

Name of Business

Policy number (if known)

Note: If you do not have any other policies with us, we will be unable to accept your application. Please do not proceed further with this form - we suggest you contact your broker

2 Do you provide a service for children and their families?

Yes

No

Note: If 'Yes' we are unable to accept your application. Please do not proceed further with this form – we suggest you contact your broker

3 Are you

(a) A domiciliary care agency providing a service which consists of or includes arranging provision of personal care in their own homes for persons who by reason of illness, infirmity and/or disability are unable to provide it for themselves without assistance?

Yes

No

(b) A care agency providing a service where personal care is not involved?

Yes

No

4 If you have an office premises for the agency and you wish to cover buildings, contents, money, business interruption, etc please tick the following box (a separate application and policy will be supplied)

Applicant details

1 Name of applicant(s)

(Please clearly define all parties to be insured identifying any holding/subsidiary company relationships)

2 Trading name

3 Postal address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Telephone
Email	<input type="text"/>
<input type="text"/>	Website

4 Date upon which the insurance is to commence

Note: unless we have confirmed otherwise, no insurance will be in force until we have accepted this application.

Business details

Please provide a copy of your mission statement with this form

1 Please state the length of time the business has been operating under your management from

(a) The current operating premises

(b) Any other premises

2 Please provide details of the following

	Nature of business	Occupation
The manager in charge of the business		
The owners, principals and partners of the business		

3 Please provide details of any other businesses that you (or any of the above) operate that are not insured with us

Trading name	Nature of business	Where currently insured

4 Have you ever traded under another name?Yes No

If 'Yes' please give details

5 Has any other business amalgamated with or merged with you?Yes No

If 'Yes' please give details

6 Is the business registered for VAT?Yes No **Your employees****1 Please complete the following table**

Nature of work undertaken	Number of employees	Estimated annual wage roll including income tax, Pay Related Social Insurance contributions and Contributory Pensions
Domestic activities only		
Personal Care		
Nursing Care		
Other (please specify)		

2 Do you use (or intend to use) agency staff?Yes No

If 'Yes' how do you ensure that the necessary checks regarding staff qualifications, training, past employment and health have been carried out?

Note: please keep all employment records (including details of training provided) indefinitely (at least 50 years)

3 (a) Are checks carried out regarding all employees' qualifications, past employment and health

Yes No

Please provide a specimen copy of the Employee Application Form used

(b) Do you employ any volunteers?

Yes No

If 'Yes' please advise

Nature of duties	Total number engaged	Maximum number at any one time	Average weekly hours donated by each volunteer

4 Please give details of training provided for new employees/volunteers prior to or immediately upon commencement of duties

5 What training is provided for your employees for the special needs of service users (including, if applicable, the handling of violent or aggressive behaviours)? Please complete the following table

Special needs	Training provided

Your service users

1 To which categories of service users do you intend to provide a service?

(a) Older people

Yes No

(b) People with physical disabilities

Yes No

(c) People requiring intimate personal care

Yes No

(d) People with mental health issues

Yes No

(e) People with learning disabilities

Yes No

(f) People with sensory loss including dual sensory impairment

Yes No

(g) People who display or have displayed or have the potential to display aggressive or violent behaviour?

Yes No

(h) People with a history (actual or attempted) of sexual offences, arson or attacks on persons or property?

Yes No

If you have answered 'Yes' to g or h please provide full details on the basis on which such services users are accepted

Any other categories? (please give full details)

2 Are you registered for the provision of these services?Yes No

If 'Yes' please give details of how you are registered and with which regulatory body

3 What checks do you have in place to ensure the quality of the service you provide for service users?

4 Do you have written procedures and policies for the following?

Policy/procedure	Yes	No	Comments
Range of activities undertaken and limits of responsibilities			
Personal safety whilst at work			
Moving and handling			
Dealing with accidents and emergencies			
Disclosure of abuse and bad practice			
Assisting with medication			
Handling money and financial matters on behalf of a service user			
Acceptance of gifts and legacies			
Entering and leaving a service user's home			
Safe keeping of keys			
Complaints (and compliments)			
Discipline and grievance			
Training and staff development			

5 What systems are in place to ensure the provision of continuous care to services users when the regular care worker is unavailable?

General questions

1 Is cover required for 'treatment risk'? Yes No

For details of cover for 'treatment risk' please see the Summary of cover

2 Please detail the nature of any treatment you provide for service users

3 After enquiry, are you aware of

(a) Any error or omission in the provision of treatment which may give rise to a possible claim? Yes No

(b) Any partner, director or member of staff having been involved in any such incident while engaged elsewhere? Yes No

If 'Yes' please give details together with any payments made or outstanding

Dates(s)	Details

4 Health and safety Yes No

(a) Do you have a written Safety Statement?

(b) Is responsibility for Health & Safety issues designated to a Senior Manager? Yes No

Please give name and relevant qualifications of the responsible person

5 Risk

(a) Risk Assessments

- (i) In respect of your business, have you completed all Risk Assessments as required by relevant legislation or regulations e.g. Safety, Health and Welfare at Work (General Application) Regulations 2007 and the Safety, Health and Welfare at Work Act 2005?

 Yes

 No

(b) Following completion of risk assessments, have you implemented all necessary remedial action?

 Yes

 No

(c) Please outline your programme to review assessment survey(s), indicating frequency of review

(d) Are all care, nursing and domiciliary care staff

- (i) instructed and trained by suitably qualified personnel in patient handling techniques?
- (ii) specifically required to use the lifting/handling devices provided whenever necessary?
- (iii) required to undertake, when handling involving bodily force is unavoidable, a detailed assessment of the task, the patient (or load) the working environment and the operator(s) prior to the lifting operation in order to minimise the risk of injury?

 Yes

 No

 Yes

 No

 Yes

 No

If you have answered 'No' to any part of question (d) please give details of instructions given to your staff in the box below

6 Do you or your representatives offer any advice or counselling to third parties?

 Yes

 No

If 'Yes' please provide details

7 Are your activities limited to the Republic of Ireland?

Yes No

If 'No' please confirm the countries outside the Republic of Ireland in which activities are undertaken and the scope of these activities

8 Do you have a

(a) a safeguarding policy to guard against abuse and are all staff made aware of this?

Yes No

(b) a lone worker policy and are all staff made aware of this?

Yes No

If 'Yes', how often is it reviewed and maintained?

9 Do you comply with all legislation and guidelines applicable to any of your activities which relate to the protection of vulnerable adults, including the use of personnel enquiry procedures by the Garda Vetting Unit?

Yes No

10 Do you sell or supply any products?

Yes No

(including second hand articles)

If 'Yes' please provide details. In respect of second hand items please explain how you ensure compliance with any legislation relating to the sale of such items, including any provision for safety inspections by competent persons prior to sale.

11 In respect of the risks to be insured has any

(a) loss, damage, injury or liability arisen during the past five years whether insured or not?

Yes No

(b) company or underwriter declined to issue or renew a policy or imposed special terms?

Yes No

If 'Yes' to either (a) or (b) please give reasons

12 Have you or any director, partner, employee or representative ever been**(a) prosecuted under the Factories Act or any similar legislation?**Yes No **(b) served with a Prohibition Notice under the Safety, Health and Welfare at Work Act?**Yes No

If 'Yes' to either (a) or (b), please give reasons

13 Have you or any director, partner or representative ever**(a) been convicted of (or charged with but not yet tried for) any offence other than a driving offence?**Yes No **(b) been declared bankrupt or the subject of bankruptcy proceedings, liquidation, appointment of administrative receiver or administrators or made any arrangement with creditors either in a personal capacity or in connection with any company, business or firm with which any of you have been involved?**Yes No **(c) had any Court Judgments made**

(i) against you in a personal capacity?

Yes No

(ii) against any organisation, company, business or firm in which any of you have been involved as a trustee, director or partner or in a similar capacity?

Yes No

If 'Yes' to either (a), (b) or (c) please provide details

14 Disclosure of additional material facts

Please read the paragraph about material facts which appears at the head of this application form. If there are any material facts that have not been covered by the questions set out above you must disclose them to us. Please use the box below.

Law applicable**It is our intention to apply the law of the Republic of Ireland**

Declaration

**I/We confirm that as far as I am/we are aware the statements made by me/us or on my/our behalf in connection with this insurance are true and complete.
I/We agree to accept a policy in the Company's usual form for this class of business.**

Name

Signature

Position

Date

Name

Signature

Position

Date

FOR OFFICE USE ONLY

Initials

Date



Fitzwilliam Business Centre,
77 Sir John Rogerson's Quay,
Dublin 2, Ireland

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