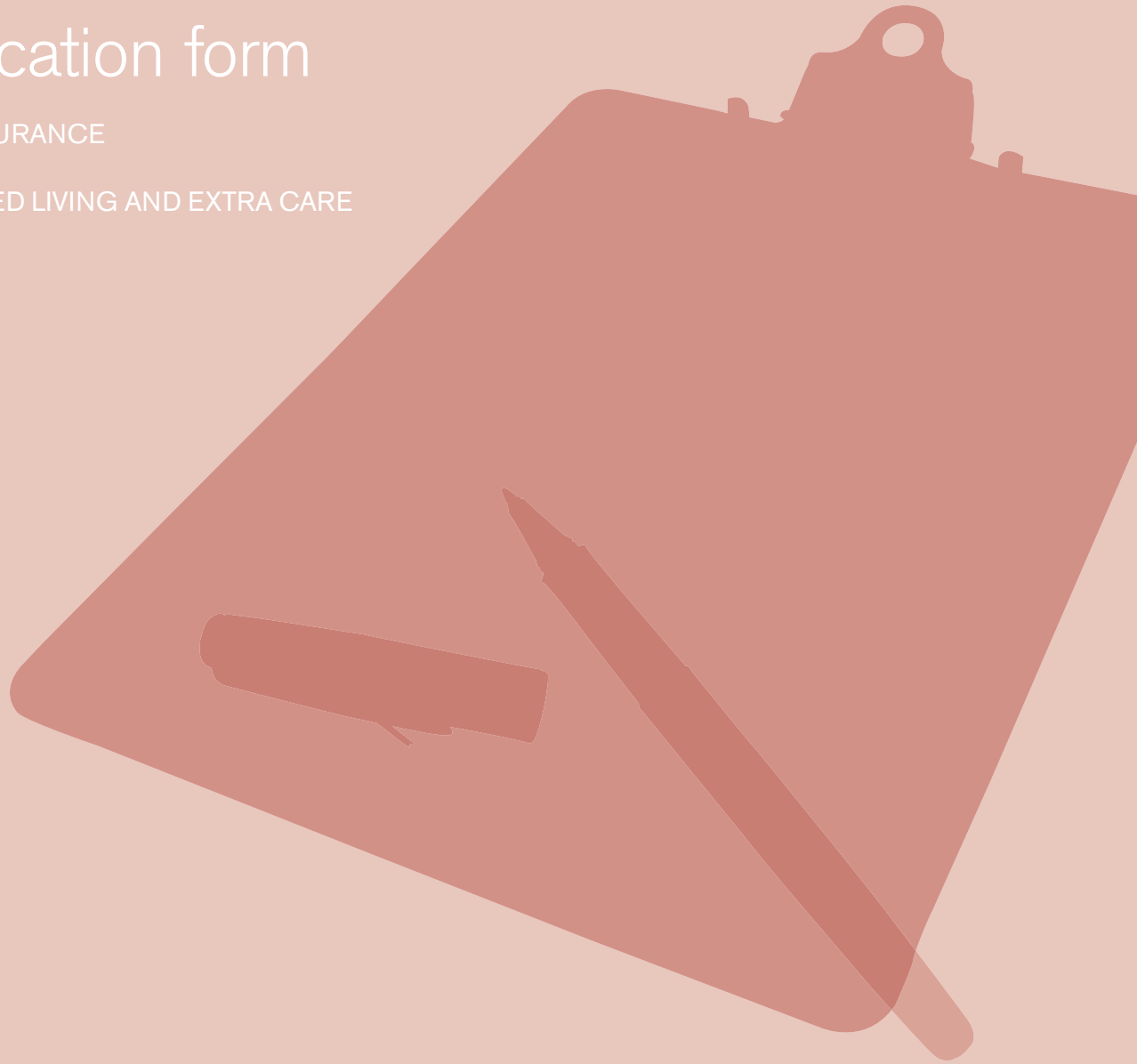


application form

CARE INSURANCE

SUPPORTED LIVING AND EXTRA CARE



Version 1

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.

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

 Telephone

 Email

4 Address of premises to be insured

 Telephone

 Email

5 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.

6 Do you own or operate any other businesses?

Yes

No

If 'Yes' please provide details

7 How many years have you been established:

(a) at the current premises?

(b) elsewhere?

Details of the premises you provide**1 Please give a full description of the premises you provide and the facilities within****2 Do the service users have a tenancy agreement with you for the premises you provide?**Yes No **Details of the services you provide at the premises****1 What support services are you responsible for providing?****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 is the maximum number of service users that can be accommodated by you at the premises?**4 At the premises, do you provide for service users**

(a) With learning disabilities?

Yes No

(b) With physical disabilities?

Yes No

(c) Requiring intimate personal care?

Yes No

(d) With mental health issues?

Yes No

(e) With a history of alcohol or drug or substance abuse?

Yes No

(f) Who display or have displayed or have the potential to display challenging behaviour?

Yes No

(g) Other

Yes No

If 'Yes' to any of the above please provide details

Details of any services you provide away from the premises

1 Do you provide domiciliary care?

If 'Yes', you will be required to complete an additional questionnaire

Yes No

2 Do you provide any other services away from the premises?

(a) If 'Yes', please give a full description of what they are

Yes No

Description of services

Annual turnover

€

(b) in respect of the services mentioned in (a) above please provide the estimated annual waggeroll split as follows

Occupation/nature of work undertaken	Number	Estimated annual waggeroll
Management and administrative staff		€
Maintenance staff		€
Advisory and support		€
Other (please describe)		€

Property damage

1 Is cover required?

Yes No

If 'Yes' complete questions 2 to 12 below. If 'No' please proceed to Property damage plus section

The standard cover includes: fire, lightning and explosion, aircraft, riot, malicious persons, earthquake, storm, flood, escape of water, impact, falling trees, falling aerials, escape of oil, subterranean fire.

We can also provide cover for the following, please tick if required:

Sprinkler leakage

Theft of contents

Subsidence

Glass and sanitary fixtures

Accidental damage

Note: if you have any other specific requirements please contact your broker or Ecclesiastical.

2 Sums to be insured

(Please refer to the Important Note on Page 4 of the Summary of cover for information regarding the sums to be insured)

(a) Buildings

This is the cost of rebuilding the insured property – not the market value. The buildings of the premises including landlords fixtures and fittings, outbuildings, walls, gates and fences, piping, ducting, cables, wires, and associated control gear and accessories on the premises and extending to the public mains but only to the extent of your responsibility, yards, car parks, roads and pavements, storage tanks, swimming pools and associated apparatus. Also allow for any fees which may be incurred ie architects' and surveyors' fees, consulting engineers' fees, legal charges, the cost of removing debris and of meeting EU legislation and Public Authority requirements.

(b) Contents

(i) computers and other office machinery

(ii) All other contents (other than residents' personal effects)

(c) Residents' personal effects

Limit per person*

Multiplied by max number of residents

Total

*you can choose a limit per person of €750, €1,000 or €1,500

(d) Resident employees' personal effects

€1,500 per person (single article limit €750)

Multiplied by number of resident employees

Total

(e) Tenants' improvements and decorations (for which you are responsible)

Note: this does not include improvements and decorations made by services users

3 Do you want your sums insured to be adjusted by the 'Day One' method of inflation protection?

 Yes

 No

(not applicable to personal effects items)

If 'Yes' please select the percentage uplift you require

15%

25%

50%

Other limit (please specify)

%

4 Please state the year the premises were built

(give an approximation if you don't know the exact year)

5 Are the premises listed in the 'Record of Protected Structures'?

 Yes

 No

6 Please state the number of storeys in height of the premises

7 Are the premises

(a) purpose built for their current usage?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(b) converted to their current usage?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

8 Are the external walls and roof coverings of each premises to be insured constructed solely of brick, stone, concrete, slates or tiles?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'No' please give details

9 Flood

Are any of the buildings on a site which has suffered from flooding at any time in the past ten years?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'Yes' please provide details

10 Are the premises protected by a fire or intruder alarm?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'Yes' please provide details of the alarm system(s) and attach a copy of the specification(s)

11 If subsidence cover has been requested please answer the following questions

Note: it may be necessary to complete a separate subsidence questionnaire.

(a) Is the property currently insured against subsidence, heave, landslip or settlement?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(b) Has any part of the property ever been affected by movement of any kind, for example subsidence, heave, landslip or settlement?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(c) Has any of the property been underpinned or provided with other means of structural support?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

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

12 If glass cover has been requested, is any glass to be insured not of ordinary glazing quality eg is it toughened, stained, bent or ornamental?

Yes No

If 'Yes' please provide the following details

Type of glass

Approximate replacement cost

€

Approximate percentage of the above, relative to all glass at the premises

%

Property damage plus

A Extended cover

Is cover required?

Yes No

If 'Yes' complete the table below.

If 'No' please proceed to B.

Note: only complete this if your requirements for property 'away from the premises' are not met by the cover provided by the Property damage section – see the Summary of cover for details.

Description of property	Location (Republic of Ireland, Europe, Worldwide) Please specify	Sum insured
		€
		€
		€

B Deterioration of stock

Is cover required?

Yes No

If 'Yes' complete the table below.

If 'No' please proceed to Business interruption section

Note: You only need to complete this if your requirements are not met by the cover provided by the Property damage section – up to €3,750 any one unit and €15,000 in total.

Description of unit (including make and reference number)	Year of make	Maintenance contract in force? (for units that are over 7 years old or not hermetically sealed)	Limit per item
		Yes/No/NA*	
		Yes/No/NA*	
		Yes/No/NA*	

*delete as applicable

Business interruption

1 Is cover required? Yes No

If 'Yes' complete question 2 below. If 'No' please proceed to Liabilities section
 You can insure either revenue or additional cost of working.

2 Please advise the annual sum(s) to be insured and the maximum indemnity period(s) required below.

Note: the maximum indemnity period should represent the time it would take for your organisation to resume normal trading after a loss. Where your maximum indemnity period selected exceeds 12 months we will increase your annual sum proportionately.

Item	Is cover required?	Annual sum insured/Estimated sum insured for declaration linked basis*	Maximum indemnity period
Revenue	Yes/No*	€	Months

The sum insured should represent your anticipated annual revenue, allowing for any anticipated expansion of your activities. You should not include any costs you would not incur whilst your organisation is not operating e.g. the purchase of food and drink and laundry etc. Please specify below any other working expenses to be excluded.

If you choose to insure revenue the policy will automatically give €37,500 cover for additional increase in cost in working. If you wish to increase this limit please complete the box below.

Item	Is cover in excess of €37,500 required?	Sum insured	Maximum indemnity period
Additional increase in cost of working only	Yes/No*	€	Months

The sum insured should represent the additional costs likely to be incurred during the maximum indemnity period which are over and above the amount of revenue you have saved.

Note: the following cover is only suitable for organisations where no reduction in revenue can be expected

Item	Is cover required?	Sum insured	Maximum indemnity period
Additional cost of working only (ie no revenue cover)	Yes/No*	€	Months

The sum insured should cover all your additional costs in continuing to operate for the duration of the maximum indemnity period, eg the cost of moving to, and operating from, temporary premises and moving back again once repairs are complete.

•delete as applicable

Liabilities

1 Cover required

Employers' liability? (Standard limit of indemnity €13,000,000)

Yes No

Public liability and Products liability? (Standard limit of indemnity €6,500,000)

Yes No

Treatment risk? (Standard limit of indemnity €6,500,000 (€2,600,000 any one person))

Yes No

If 'Yes' complete questions 2 to 10 below. If 'No' please proceed to Loss of Registration insurance

2 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

Date(s)	Details

3 Wageroll information

Note: the following allows us to provisionally assess the premium we require. When the policy is renewed you should tell us the actual figure so that we can make the necessary additional premium charge or refund and create a new estimate for the year ahead. The estimate for wages should include the total remuneration by way of overtime, value of board and lodgings, housing accommodation, bonuses or other payments in kind or money. No deduction from such total remuneration should be made in respect of Pay Related Social Insurance, Income Tax and Holidays with Pay or Contributory pensions.

Please give details of the estimated salaries, wages and other payments for the next 12 months for each of the following. Do not include employees whose work is connected with domiciliary or other work away from the premises – these should be included under 'details of any services you provide away from the premises' on page 5 of this form. Do include agency and temporary staff.

Occupation/nature of work undertaken	Numbers	Annual wages etc
Managerial		€
Clerical and administrative staff		€
Nurses		€
Care assistants		€
Domestic staff		€
Psychiatric nurses		€
Maintenance staff		€
Gardeners		€
Therapeutic practitioners		€
All others		€

4 Do you engage voluntary helpers?

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

5 Health & Safety

(a) Do you have a written safety statement?

Yes No

(b) Is responsibility for Health & Safety issues designated to a Senior Manager?

Yes No

If 'No' please provide details of arrangements

6 Do you engage in fundraising activities eg collections, fêtes, etc?

Yes No

If 'Yes' please provide details

Full details of the nature and scope of the activity	Approximate numbers attending each activity	Number per year

7 Risks

(a) Risk assessments

(i) Are all necessary risk assessments undertaken by suitably qualified and competent personnel, before taking part in any of the activities described in question 6 above and are such activities supervised by suitably qualified people?

Yes No

(ii) 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 Wealth 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 and volunteers

- (i) instructed and trained by suitably qualified personnel in patient handling techniques? Yes No
- (ii) specifically required to use the lifting/handling devices provided whenever necessary? Yes No
- (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

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

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

Yes No

If 'Yes' please provide details

9 Do you provide care for children and/or young people under the age of 18 years or vulnerable adults?

Yes No

If you have answered 'Yes' to question 9 you may be required to complete an additional questionnaire

10 Do you sell or supply any products (including second hand articles)?

Yes No

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

Loss of registration

The optional cover provided by this section is for the depreciation of your financial interest in the business following withdrawal of the certificate that allows you to run the business. The loss must be fortuitous, ie a loss not caused by your own acts or omissions

1

Is Cover required:

(If 'No' please proceed to Money with assault extension section)

Yes No

If 'Yes' what sum insured is required?
(standard limit €150,000)

Money with assault extension

1 Is cover required?

Yes No

If 'Yes' complete questions 2 to 6 below. If 'No' please proceed to Personal accident section

2 What is the estimated total amount of money carried annually?

€

3 For the following, please state the maximum sums that apply

Money (other than non-negotiable money)

(i) on the premises during business hours

€

(ii) in transit or bank night safe

€

(iii) in the following locked safe(s) overnight

Make of safe	Model	Age	Location and how fixed	Maximum contained
				€ <input type="text"/>
				€ <input type="text"/>
				€ <input type="text"/>
				€ <input type="text"/>

4 Is money carried by a security company?

Yes No

If 'Yes' please provide the following details

(a) Name of company

(b) Does the company accept liability for loss of money from their custody?

Yes No

5 What is the estimated amount of money (other than non-negotiable money) carried annually by

You?

€

Security company?

€

6 Assault extension

This extension covers all your employees and volunteers for injuries if attacked whilst carrying money

(a) Is cover required?

Yes No

If 'Yes' please state number of units required

Units

Note: one unit of cover provides €3,750 in permanent disablement benefits, €37.50 per week for temporary total disablement. The maximum number of units you can choose is ten.

Personal accident

1 Is cover required? Yes No

If 'Yes' complete questions 2 to 4 below. If 'No' please proceed to General questions section

2 Complete the table below to show the cover you require

Note: one unit of cover provides €3,750 in permanent disablement benefits, €37.50 per week for temporary total disablement.

Individual cover is available for directors, trustees and employees only

Name or positions of persons to be insured	Occupation	Cover required	No. of Units (max ten)
		Whilst at work only / 24-hour*	
		Whilst at work only / 24-hour*	
		Whilst at work only / 24-hour*	

**delete as applicable*

3 The standard deferred period (before weekly benefits become payable) is two weeks. In exchange for a reduction in premium do you require a longer deferment period? Yes No

If 'Yes' state the number of weeks

4 To the best of your knowledge or belief are all the persons to be insured

(a) in good physical and mental health? Yes No

(b) free from any physical disability or infirmity? Yes No

If 'No' to either (a) or (b) please provide details

General questions

1 Do you provide care for people with learning disabilities or who have mental health issues?

Yes No

If 'Yes' please complete the following details

(a) Is it your policy to accommodate residents

(i) displaying, or with the potential for displaying, aggressive or violent behaviour?

Yes No

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

Yes No

If 'Yes' to either of the above, please provide full details, including details of the basis upon which such residents are accepted

(b) Please confirm details of any specific therapeutic techniques used by the organisation and the arrangements made for their supervision

(c) Who carries out the assessments of potential residents?

2 Are the premises to be insured in a good state of repair and will they be so maintained?

Yes No

If 'No' please give details

3 In respect of the risks to be insured whether at these premises or elsewhere 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 provide details

4 During the last five years

(a) has the name of the business changed?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(b) has any other business amalgamated with or merged with you?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If 'Yes' please give details

5 Have you or any trustee, director, partner, employee or representative ever been

(a) prosecuted under the Factories Act or any similar legislation?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(b) served with a Prohibition Notice under the Safety, Health and Welfare at Work Act 2005?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

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

6 Have you or any trustee, 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	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(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	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(c) had any Court Judgments made

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(i) against you in a personal capacity?

(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	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

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

7 Disclosure of additional material factsYes No

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.

8 Have you been supplied with a summary of cover in respect of this insuranceYes No **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



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