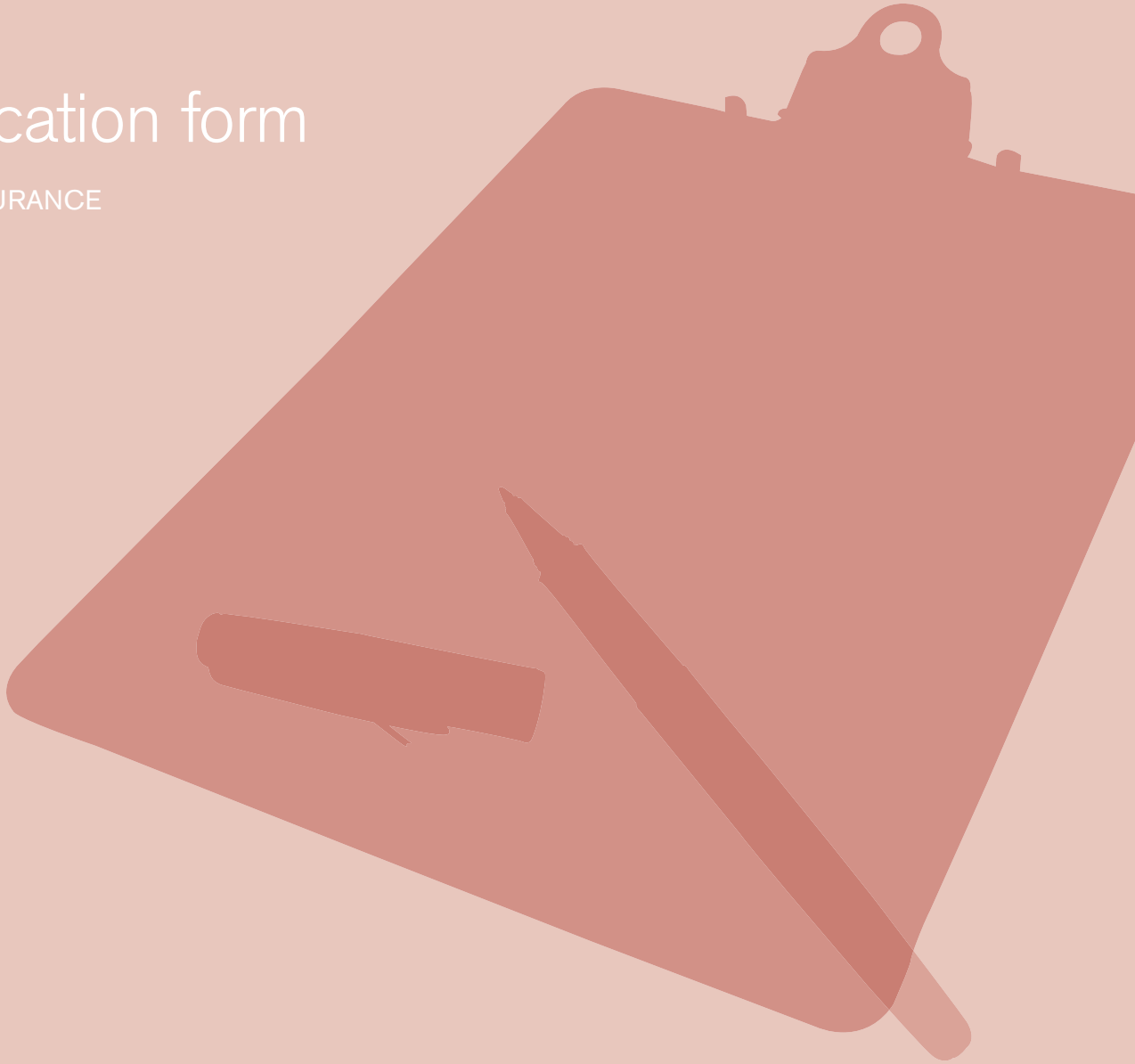


application form

CARE INSURANCE



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 and use additional sheets if necessary.

Applicant details	
1	Name of applicant(s) (Please clearly define all parties to be insured identifying any holding/subsidiary company relationships) <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
2	Trading name <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
3	Postal address <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> Telephone Email Website </div>
4	Address of home to be insured <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> Telephone Email Website </div>
5	Date upon which the insurance is to commence <div style="border: 1px solid black; width: 100%; height: 20px; margin-left: 10px;"></div>
<p><i>Note: unless we have confirmed otherwise, no insurance will be in force until we have accepted this application.</i></p>	

General details	
1	Do you own or operate any other homes? <div style="float: right; margin-right: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> If 'Yes' please give details <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>

- 2** Please give a full description of the business (the nature of the residents, the care and treatment provided and any work undertaken away from the home, eg domiciliary care activities), and the facilities and activities available to residents

- 3** Does the home provide care for cosmetic or other surgical patients? Yes No

- 4** Have you been granted charitable tax exemption by the Revenue Commissioners? Yes No

If so please confirm your charity reference number

- 5** How many years have you been established at the current premises?

elsewhere?

- 6** Please advise the annual revenue of your organisation

(a) last year € (b) estimated for this year €

- 7** Registration

- (a) Are you registered with the Health Service Executive (HSE) in accordance with the Health (Nursing Homes) Act 1990? Yes No

If 'No' are you registered with any other authority?
Please give details

- (b) In connection with your registration are there any outstanding requirements which might affect future applications or continuation of your certificate? Yes No

- (c) Have there been objections to any applications for registration or any complaints lodged with the HSE in respect of your business? Yes No

- (d) Do you know of any reasons why the HSE may refuse to reregister the home or remove the home from the register? Yes No

If 'Yes' to either (b), (c) or (d) please give details.

8 Please give details of the types and numbers of residents residing in the home eg old age, learning disabilities

Nature of residents	Maximum number of residents	Age range

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' and resident employees' personal effects) €

(c) Residents' personal effects

Limit per person* €

Multiplied by max number of residents x

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)

€1,500

Multiplied by number of resident employees

x

Total

€

**(e) Tenant's improvements and decorations
(for which you are responsible)**

€

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 No **(b) converted to their current usage?**Yes No **8 Are the external walls and roof coverings of each premises to be insured constructed solely of brick, stone, concrete, slates or tiles?**Yes No

If 'No' please provide 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 No

If 'Yes' please provide details

10 Are the premises protected by a fire or intruder alarm? Yes No

If 'Yes' please give 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 No

(b) Has any part of the property ever been affected by movement of any kind, for example subsidence, heave, landslip or settlement? Yes No

(c) Has any of the property been underpinned or provided with other means of structural support? Yes No

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 or 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 property (including make and model no.)	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 work

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 eg the purchase of food and drink and laundry etc.

Please specify below any other working expenses to be excluded.

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If you choose to insure revenue the policy will automatically give €37,500 cover for additional increase in cost of 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	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 (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 Is cover required?

 Yes No

If 'Yes' complete questions 2 to 11 below. If 'No' please proceed to Loss of Registration insurance

2 Please indicate the cover(s) required by ticking the boxes

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

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	Details

4 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 are subject to our supplementary questionnaire. Do include agency or 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 other		€

5 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

6 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

7 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

8 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 7 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 Applications) Regulations 2007 and 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? 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

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

Yes No

If 'Yes' please provide details

10 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 10 you may be required to complete an additional questionnaire

11 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: Yes No

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

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

€

(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 home and the arrangements made for their supervision

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

2 Are all 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 organisation changed?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(b) has any other organisation amalgamated with or been merged with you?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If 'Yes' to either (a) or (b), please provide 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 provide 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

(i) against you in a personal capacity?

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

(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 Do you provide domiciliary care?Yes No

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

8 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.

9 Have you been supplied with a summary of cover in respect of this insurance?Yes 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



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

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