

## Care Home Quick Quote Questionnaire

1. Current/Previous insurer  Current Premium
2. Renewal date  /  /
3. Name of Insured
4. Risk Address
- Tel No.  Email
5. Is the home occupied?      yes / no      and trading as a care home?      yes / no
6. Is the business currently registered      C Q C       other
7. Type of home:-  
Care home       Care home with nursing care   
Care home providing adult placement       Care home not providing medicines or medical treatment on religious or ethical grounds
8. Category of residents eg. adults with learning disabilities
9. Maximum no. of bed / residents
10. Has there been any storm or flood damage in the past 10 years?      yes       no
11. Have there been any claims or losses in the last 5 years?
12. Does the business provide domiciliary care? If yes, please provide the following:-  
a) Wage roll for clerical/admin staff £  
b) Wage roll for home workers £  
c) Turnover £
13. Sums to be insured:-  
a) Contents including residents effects £  
b) Personal belongings away from the premises required ?  
c) Do you have any **valuables** on the premises where the valuable exceeds £1000  
d) Buildings £  
e) Annual gross revenue and indemnity period required £      (12, 18, 24, 36 months)

NB please note that the premium generated from this information is an **indication** only and should be treated in such a way. Should a formal quotation be required that is subject to terms and conditions and underwriters acceptance, then we will require the completion of a full fact finding questionnaire