

AdultCare

Insurance for Adult Carers Proposal



Arranged by

MM

MortonMichel

www.mortonmichel.com



Sterling Insurance Company Limited

AdultCare

Proposal Form



Please read the Summary and Guide carefully before you complete the proposal.
Your insurance will be provided under an AdultCare Policy. Any special terms and conditions will be advised to you in writing.

Please complete and return together with your payment to:
Morton Michel, Alhambra House, 9 St Michaels Road, Croydon CR9 3DD.

Proposer's name in full	<input type="text"/>	
Date of Birth	<input type="text"/>	Telephone No. <input type="text"/>
Email address	<input type="text"/>	
Your address in full	<input type="text"/>	
Postcode	<input type="text"/>	

1. Please indicate which level of care you will be providing and which Public Liability Limit you require:

Daycare only

Maximum 8 hours per day,
maximum 3 days per week

- | | | |
|----------------------------|--------------------------|--|
| £3M Limit Public Liability | <input type="checkbox"/> | Premium £70.00* including IPT for £3M Limit Public Liability and £50K Limit Legal Expenses |
| £5M Limit Public Liability | <input type="checkbox"/> | Premium £90.00* including IPT for £5M Limit Public Liability and £50K Limit Legal Expenses |

Daycare only

Maximum 8 hours per day,
more than 3 days per week

- | | | |
|----------------------------|--------------------------|---|
| £3M Limit Public Liability | <input type="checkbox"/> | Premium £90.00* including IPT for £3M Limit Public Liability and £50K Limit Legal Expenses |
| £5M Limit Public Liability | <input type="checkbox"/> | Premium £120.00* including IPT for £5M Limit Public Liability and £50K Limit Legal Expenses |

Residential care

- | | | |
|----------------------------|--------------------------|---|
| £3M Limit Public Liability | <input type="checkbox"/> | Premium £150.00* including IPT for £3M Limit Public Liability and £50K Limit Legal Expenses |
| £5M Limit Public liability | <input type="checkbox"/> | Premium £200.00* including IPT for £5M Limit Public Liability and £50K Limit Legal Expenses |

Other

Premium to be advised

(Please give full details of the time and nature of the care you are providing:

(*Premiums quoted are subject to satisfactory proposal form.)

2. Are you an approved adult placement carer?

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

If YES, please state the name and area of the authorised body that has granted your approval:

3. Do you provide care under the direct payment scheme?

<input type="checkbox"/>	<input type="checkbox"/>
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4. Are you on the Protection of Vulnerable Adults (POVA) register?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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If YES, please provide full details:

5. How many adults will you be looking after at any one time?

6. Do you provide care:

a) only in your own home?

<input type="checkbox"/>	<input type="checkbox"/>
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b) only in the home of the adult(s) being cared for?

<input type="checkbox"/>	<input type="checkbox"/>
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c) both a) and b)?

<input type="checkbox"/>	<input type="checkbox"/>
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d) elsewhere?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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If YES to d), please provide details:

7. Details of your relevant qualifications:

8. Details of your relevant experience:

9. Do you have a written Assessment of Risk?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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10. Have you ever been convicted of any criminal offence (other than motoring offences) or is any prosecution pending? Yes No

If YES, please state nature of each offence, date, punishment imposed and period of any probation, prison or other custodial sentence:

11. Have you, under a current or any previous trading title, ever been declared bankrupt or insolvent or been subject to a County Court Judgement or are any proceedings pending?

If YES, please provide full details:

12. Do you use relief carers during periods of your holiday or illness?

If YES, how many carers do you use (maximum of three can be covered by the policy)?

Morton Michel will send you Application Forms, to be completed by the relief carers you intend to use.

13. Has there ever been a claim (insured or otherwise) made against you in any adult or childcare capacity?

If YES, please state full details of the claim(s), (continue on a separate sheet if necessary):

14. Has any insurer ever:
- a) declined your proposal?
 - b) refused to renew or cancelled your policy?
 - c) imposed special terms or conditions for any adult or childcare insurance you have previously taken out?

If YES to a), b) or c), please provide full details:

15. The policy can be extended to provide cover on unspecified items of care equipment for accidental loss or damage occurring anywhere in the UK.

Do you require this optional extension of cover?

Yes No

If YES, the standard Sum Insured is £1,000.

If you require a higher sum insured, please state: £

16. I require my AdultCare insurance to commence from:

17. a) Do you have any existing insurances with Morton Michel?
If YES, please state policy number(s):

b) Have you had any previous insurances with Morton Michel?
If YES, please state policy number(s):

I have enclosed a cheque made payable to Morton Michel or credit/debit card details or a completed direct debit mandate as payment for the above AdultCare insurance please tick.

Declaration

Please read the declaration carefully and check the answers you have given before signing the proposal form.

I/We hereby apply to Sterling Insurance Company Limited for an AdultCare insurance and declare that to the best of my/our knowledge and belief the answers given are true and complete in every respect and all material particulars which may affect the assessment of the risk have been disclosed. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and Sterling Insurance Company Limited and shall be deemed incorporated into such contract

Data Protection Act

I/We understand and agree that the personal information I/we provide (including sensitive personal details) may be used for insurance purposes by Sterling Insurance Company Limited, its connected companies, reinsurers, agents and subcontractors; and also shared with other insurance companies as required for the purposes of my/our insurance. Where we have provided information about my/our spouse(s), partner(s) or another person/other persons (including their sensitive personal details) I/we confirm that I/we have their permission to provide this information for insurance purposes. I/we understand that I am/we are entitled to a copy of my/our personal information on payment of a fee.

From time to time, Morton Michel may wish to send you details of services and products. If you do not wish to receive such mailings, please tick this box.

SIGNATURE OF ADULT CARER _____ **DATE** _____

You have a duty to disclose all material facts and failure to do so could invalidate the insurance.

Cover does not commence until the proposal has been formally accepted by Morton Michel unless otherwise agreed with Morton Michel.

How would you like your documentation sent to you?

We now aim to send all insurance documents in pdf format by email. This is quicker and kinder to the environment. It also means that you can keep a copy on your computer to print out whenever required. If you would prefer to have a copy of your policy schedule, Employers' Liability Certificate and policy booklet sent to you by post instead of email, please tick the box below. If you do not tick the box then your documents will be sent via email.

Please send my documents by post

Where did you hear about Morton Michel? (please tick as appropriate)

Local Authority Friend Other (please state)

Other insurances:

Household Insurance

Would you like Morton Michel to provide a quotation?

Motor Insurance

Would you like Morton Michel to provide a quotation?

www.mortonmichel.com

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