

AdultCare

Insurance for Adult Carers Proposal



www.mortonmichel.com

Proposal Form

Your insurance will be provided under the AdultCare Policy, insured by Covea Insurance plc for all sections other than the Legal Expenses section which is administered by ARAG plc on behalf of the insurer Brit Syndicate 2987 at Lloyd's. Any special terms or conditions will be advised to you in writing. Please read the Summary and Guide carefully before you complete this form.

Fair Presentation of the Risk

You have a duty to make a fair presentation of the risk which is covered by this policy. Therefore you should ensure that any information you have provided to us and the content of any application form, declaration and / or Statement of Fact is accurate and complete. Where you have provided us with information which relates to matters of your expectation or belief, it does not matter if such information turns out to be inaccurate provided that you acted in good faith when you provided us with such information.

If you do not comply with your duty to make a fair presentation of the risk, including failing to disclose or misrepresenting a material fact, or disclosing material facts to us in a way which is not clear and accessible your policy may not be valid or the policy may not cover you fully or at all.

A material fact is any fact which could influence our assessment or acceptance of your application for insurance. You must also tell us about any facts or changes which affect your insurance and which have occurred either since the policy started or since the last renewal date.

If you are not sure whether certain facts are relevant please ask Morton Michel. If you do not tell us about relevant changes, your policy may not be valid or the policy may not cover you fully or at all.

You must check all the information contained within this document immediately and tell us if any details are incorrect. You should keep a written record (including copies of letters) of any information you give Morton Michel.

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 £79.00* including IPT
For £3M Limit Public Liability and £100K Limit Legal Expenses |
| £5M Limit Public Liability | <input type="checkbox"/> | Premium £101.00* including IPT
For £5M Limit Public Liability and £100K Limit Legal Expenses |

Daycare only

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

- | | | |
|----------------------------|--------------------------|---|
| £3M Limit Public Liability | <input type="checkbox"/> | Premium £100.00* including IPT
For £3M Limit Public Liability and £100K Limit Legal Expenses |
| £5M Limit Public Liability | <input type="checkbox"/> | Premium £132.00* including IPT
For £5M Limit Public Liability and £100K Limit Legal Expenses |

Residential care

- | | | |
|----------------------------|--------------------------|---|
| £3M Limit Public Liability | <input type="checkbox"/> | Premium £162.00* including IPT
For £3M Limit Public Liability and £100K Limit Legal Expenses |
| £5M Limit Public liability | <input type="checkbox"/> | Premium £214.00* including IPT
For £5M Limit Public Liability and £100K Limit Legal Expenses |

Please note that the premiums quoted above include Insurance premium tax and a £2 admin fee

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 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 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 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 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.

Yes No

Do you require this optional extension of cover?

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 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 Covea Insurance plc for an AdultCare insurance and declare that the answers I/we have given are true and complete to the best of my/our knowledge and belief. I/we have disclosed all material facts and understand that failure to do so could mean that my/our policy may not be valid or may not cover me/us fully or at all.

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 the insurers, their 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.

Demands and Needs

AdultCare has been designed to meet the demands and needs of adult placement carers who have been approved by local authorities' social services departments or other authorised bodies, to provide care for adults on a full daily or a part-time basis, or to provide residential care; or for adult carers who are suitably qualified and experienced to provide such services under the direct payment scheme. If you are a carer who does not fall into these categories then you should not apply for the Adultcare policy. It may be that one of Morton Michel's other policies is suitable for your requirements and details of these can be found at www.mortonmichel.com.

Capacity Disclosure

Morton Michel does not make recommendations or provide advice. You will need to make your own choice as to how you wish to proceed. In providing a policy that meets your requirements, Morton Michel does not conduct a full market analysis but will place your insurance under a scheme provided by Covea Insurance plc which we have identified as being suitable for this type of insurance. We have delegated underwriting authority from Covea Insurance plc and ARAG plc in placing your business directly with Covea Insurance plc we are acting as the agent of Covea Insurance plc as insurer and ARAG plc as a coverholder of insurer Brit Syndicate 2987 at Lloyd's.

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 _____

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?

Underwritten by Covea Insurance plc,

Registered in England and Wales No. 613259. Registered Office: Norman Place, Reading, Berkshire, RG1 8DA

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

www.mortonmichel.com

Arranged by



MortonMichel

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