

Please complete and fax / email
to Trevor Taylor on:

Fax: 01253 358481
Email: trevor@rowlands-hames.co.uk

DOMICILIARY CARE QUESTIONNAIRE

Name		Target Premium:	£
Risk Address inc Postcode			
<small>(If more than one location please complete on separate sheet)</small>			

Current Insurers		Renewal / Commencement Date:	
Year Business established:		Claims Free Years:	

Claims or losses during the past 5 years:			
Date	Details	Amount Paid	Settled

RISK DETAILS

Turnover:			
Annual Wages:	Clerical/admin	£	Carers
			£
The limit of indemnity for <u>EMPLOYERS LIABILITY</u> is £10 Million. Please indicate the limit of indemnity required for <u>PUBLIC LIABILITY</u>:			£5M / £10M
Please describe any activities provided in addition to personal care / administration of medicines / shopping / laundry / gardening and light household maintenance.			

Categories of service user:			
Elderly	YES / NO	Physical Disability	YES / NO
Mental Disability	YES / NO	Children	YES / NO
Learning Disability	YES / NO	Other (Describe)	

Optional Extensions:			
Buildings / Trade Contents (Please advise sums insured)			
Legal Expenses	YES / NO	Personal Accident	YES / NO
Employee Dishonesty	YES / NO		