

A guide on how to fill out this form

About Your Business

Compulsory Information

Please leave a contact name and telephone number so we can contact you. Please tell us what type of agency you are registered as: a domiciliary care agency, a nurses agency or an employment agency. This will enable us to obtain the correct insurance package for you.

If you give us your renewal date, we will contact you six weeks before renewal to offer you a free quotation.

About Your Staffing Costs

Compulsory Information

Please tell us what you estimate your annual wage roll figures are likely to be for the forthcoming year. The figures need to be separated between what you estimate you will pay your clerical/admin staff and your caring staff next year.

If you are not a limited company, please provide the wage roll figures of the proprietors. If the proprietor carries out any caring duties, please separate the wages between clerical and caring (e.g. if the proprietor spends 10% of their time caring for service users and earns £40K per year, you will need to put £4k in "Wages Carers" and £36k in "Wages Clerical / Admin").

If you are a limited company, you only need to complete the "All Other Employees" category. Please include your wages for the company directors in this section.

Please note that this information is what the quotation is based upon. Please be as accurate as possible. If you are unsure, it is better to overestimate the figures. At the end of the insured year, the insurer will ask for your actual wage roll figures and will recalculate your quotation. If your original premium was too high, we will refund you the difference. If we have charged too little, we will ask you to pay a 'top-up'.

Your Company Turnover

Please tell us what you estimate your company turnover will be for next year.

In order for us to get the best possible deal for your business, please tell us if you are a limited company. You must also tell us whether you have made any claims in the last five years (if you have we will require the claims information before we can quote. Please submit a separate sheet if necessary). We also need to know if you provide childcare and whether you are a registered domiciliary care provider.

Please tell us the amount of public liability and treatment liability that you require. Your local government will state how much you require by law. Please tick the corresponding box, so we can provide you with a quotation on the correct basis. Your employers liability will be at the standard £10m.

About the Optional Cover

If you would like any cover in addition to our Core Package, please tick the appropriate box. Buildings or Tenants Improvements can only be purchased if you buy the Office Package.

Explanation of figures required

All figures should represent the full value as at the renewal date of the policy. Allowances for inflation for past years should be made.

Buildings

The cost of rebuilding a property in its existing format including an allowance for site clearance and professional fees. You should include walls, gates, fences, outbuildings, extensions, annexes, gangways, car parks, yards, paved areas, drives, swimming pools and associated apparatus. Includes landlord's fixtures and fittings in the case of leased premises.

General Contents

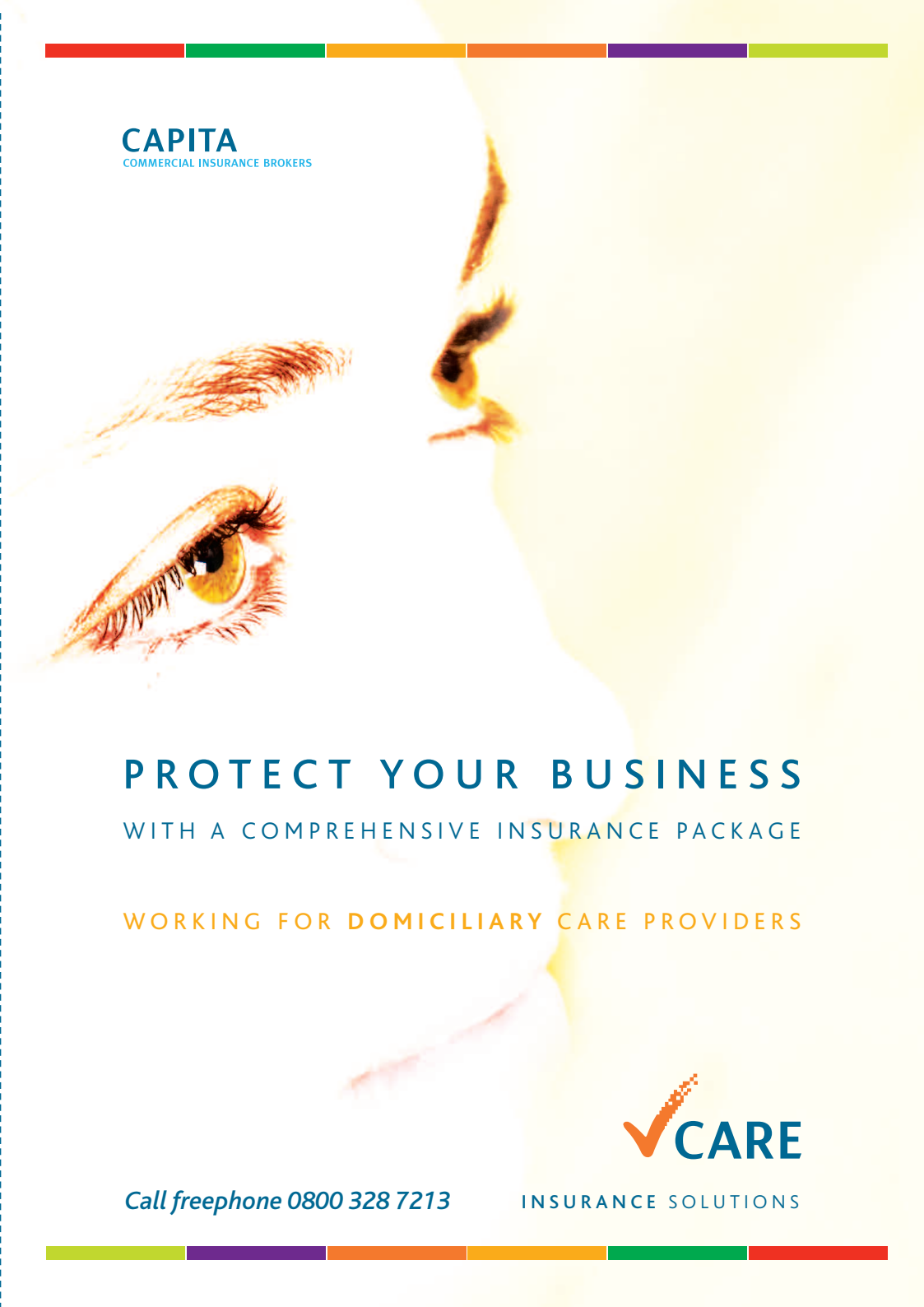
Business and medical equipment, machinery, plant fixtures, fittings, consumable stock, and all other contents (documents, books, computer system records patterns). Designs, prints, paintings (not exceeding £1,000 per item) in the buildings, which belong to you, excluding money and any other items more specifically defined.

Wages

Gross wages without deductions for employee's contributions for National Insurance, income tax, holidays with pay or contributory pensions, include all overtime bonuses, commission or other payments. Please include all payments to working directors, managerial staff, labour only sub-contractors, self-employed persons, persons engaged under work experience schemes and payments for persons hired or borrowed.



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COMMERCIAL INSURANCE BROKERS



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WITH A COMPREHENSIVE INSURANCE PACKAGE

WORKING FOR DOMICILIARY CARE PROVIDERS



Call freephone 0800 328 7213

INSURANCE SOLUTIONS

The Capita CARE CORE PACKAGE offers a wide range of liability covers.
You can also select a range of COVER OPTIONS designed to further protect your business.



Call freephone on 0800 328 7213 for free advice or a free quotation, alternatively fill out the form overleaf, return it to us and we will call you.

Capita CARE offers flexible, comprehensive cover at competitive rates

To receive a **FREE QUOTATION** please complete this form

- A guide on how to complete this form is overleaf -

PLEASE NOTE: All fields marked with a ✓ must be completed in order for us to quote. The information provided forms the basis of your quotation. Please ensure all details are accurate.

About Your Business - Tell us about your company's details

Company Name: ✓

Contact Name: ✓

Type of Service: ✓ Domiciliary Care Agency Nurses Agency Employment Agency

Postcode: ✓ Renewal Date: ✓

Tel: ✓ Current Insurer:

Fax: ✓ Current Premium:

About Your Staffing Costs - Tell us about next years estimated wage roll figures

	Wages Clerical / Admin ✓ *	Wages Carers ✓ *
Sole Proprietors / Partners	£ <input type="text"/> per annum	£ <input type="text"/> per annum
All Other Employees	£ <input type="text"/> per annum	£ <input type="text"/> per annum

If you are a limited company please include the wages of directors in the 'All other Employees' category

Your Company Turnover ✓ £ estimated total per annum

Is your company registered as a limited company? Yes No

Has your company made **ANY** claims in the last 5 years? Yes No
(if 'Yes' please submit the claims details)

Do you provide childcare? Yes No

Are you a registered domiciliary care provider? Yes No

What levels of public liability do you require? Please circle £2m £3m £5m

What levels of treatment liability do you require? Please circle £2m £3m £5m

About the Optional Cover - Tell us what additional cover you would like

Office Package only*

(Contents value) £ <input type="text"/>	Personal Accident Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Buildings re-build cost* £ <input type="text"/>	Legal Expenses - Contract Disputes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tenants Improvements* £ <input type="text"/>	Legal Expenses - Debt Recovery	Yes <input type="checkbox"/>	No <input type="checkbox"/>

* Please see explanation of figures required overleaf

Please return this form to: Capita Care Quotations, Wynchgate House, Woodlands, Woodlands Lane, Bradley Stoke, Bristol, BS32 4JT - or simply fax us on 01454 616 810

