



Supported Living Accommodation Fact Finder

Client name and Trading name	
Risk Address	
Postcode	
Correspondence Address	
Postcode	

Additional Client Details	
Business Description	
Business Established	
Current Broker/Insurer	
Renewal Date	
Target Premium	
Statement of Purpose enclosed	
If a new venture please ensure all Directors CV's are enclosed. Please confirm	
Has any Director or Partner of this company, been involved in any previous company which has gone into bankruptcy, insolvency or liquidation?	
Has any Director or Partner of this company, been declined insurance, had special conditions imposed or insurance cancelled midterm for this or any previous company?	
Has any Director or Partner of this company any criminal convictions or pending criminal convictions?	

Business Details	
Is any personal or nursing care provided?	

If yes, are you registered with the CQC?	
What service user type is the support provided to?	
Do you employ any qualified nurses?	
If yes, what types of activities they you be carrying out.	
Age range of service users (if under the age of 18 please provide further details)?	
If any under 18, are you registering with Ofsted?	
Do you provide the accommodation?	
If yes, do you have tenancy agreements in place?	
Business description to appear on the policy documents?	
What type of support & services do you offer?	
Do you take accompany them away from the premises?	
Do you provide staff to live in at the premises or stay overnight:	
If yes, how many staff overnight?	
Will they be waking or sleeping?	
If you provide accommodation then what is the maximum number of service users in one location?	
What is the usual staff to service user ratio?	
Are any ALAA Activities Undertaken? (examples climbing, water sports, caving, and types of trekking)?	
Do you dispense or provide any medication?	
No of Managers / Senior staff employed?	
Details of qualifications and experience of Managers / Senior staff?	
No of support workers employed?	
Details of qualifications and experience of support workers?	
Is there always a senior member of staff on duty or on call?	
Total number of Employees?	
Are all staff trained in accordance with the care certificate (or will they be)	
Care Certificate training includes:	
Do you have a Safeguarding Policy in place that includes:	
Describe the procedures in place in-order to ascertain whether an individual will be accepted (including details of any risk assessments carried out)?	

Service User Information	
Maximum number of Individuals accepted?	
Genders	
Age Range?	
Lowest Care to Individual Ratio?	
Description of type of individuals accepted?	
How long have the individuals been at the home?	
Do service users suffer with Dementia/Alzheimer's?	
Do you currently care for service users with:	
Sexual Offences If Yes, please confirm: Would these be high risk? Would you accept someone who has been convicted of a sexual offence? Will you be carrying out enhanced Risk Assessments and consider how you will manage the individual as well as how it would affect those already living within the risk	Yes/No
Criminal Offences If Yes, please confirm: Would these be high risk or minor offences only? Would you accept someone who has been to prison?	Yes/No
Arsonist If Yes, please confirm: Would these be high risk? Would you accept someone who has been to prison? Will you be carrying out enhanced Risk Assessments and imposing at least a 2:1 care ratio? Please also confirm a full fire system is in place?	Yes/No
Asylum Seekers	Yes/No
Epilepsy	Yes/No
Autism	Yes/No
Asperger's	Yes/No
Down Syndrome	Yes/No
Anger/ Aggression	Yes/No
Schizophrenia	Yes/No
Learning Difficulties	Yes/No
Other conditions - specify	
Physical disabilities	Yes/No
Do you accompany service users on holiday?	
Are you registered by anyone or inspected?	
Are there any individuals over the age of 65, if so how many:	

Management & Training Information

Is there a written health and safety policy in place?	
If yes, who compiled this policy?	
Are external companies / consultants used for any aspects of health and safety, personnel or training purposes?	
Are staff and residents all familiar with the emergency fire procedure? Please also state how this is achieved?	
How many staff are on each shift?	
Is there always a senior member of staff on duty?	
What are the arrangements for night care?	
Are staff trained in the following aspects of care:	
Aggression and Anger Management	
Restraint and control	
Manual Handling	
De-escalation	
Food Hygiene	
First Aid	
Fire Safety	
Rooms inspected daily and defects remedied?	
Procedures for dispensing prescribed drugs?	
Do all staff have to complete a medical questionnaire form prior to commencing employment?	
Is smoking allowed in the home and how is this controlled?	
Date of last Inspection?	

Premises Information	
Property Description?	
Is the Proposer sole occupier:	
Year of Build?	
Construction?	
Does the property have any Flat Roof area, if so please provide % and Construction?	
Type of heating?	
Any portable heaters? If so please confirm use?	
Any cooking facilities beyond the kitchen?	
Have electrics been checked and certified by NEICC contractor?	
Smoke detectors?	
Are detectors mains connected?	
Fire alarm?	
Fire extinguishers in place to scale?	
Fire blankets in kitchen?	
Burglar alarm?	
Type of door locks?	
Type of window locks?	
To your knowledge has the property ever experienced a flood and/or suffered from Subsidence?	
Is the property Grade 1 or 2 Listed?	

Sums Insured & Financials	
Buildings Sum Insured?	

Furniture, fixtures, office equipment, all other contents?	
Residents Effects (Maximum per resident):	
Stock?	
Computer Equipment:	
Tenants Improvements	
Money (If nothing completed, standard cover will be offered)	
Loss of Registration (If nothing completed, standard cover will be offered)	
Business Interruption Cover (We offer this on a Gross Revenue Basis)	
Sum Insured?	
Indemnity Period	
Employer Liability -	£10,000,000
Estimated Annual Wage Roll?	
Clerical	£
Non Clerical	£
Public Liability -	
Please confirm limit £5,000,000 or £10,000,000	
Estimated Annual Turnover?	
Abuse Cover -	
Please confirm limit required?	
Please confirm current basis of cover (i.e. Claims made or Occurring?)	
If currently on claims made, please confirm the retro period required?	
Retro Date limit of Indemnity?	
What background checking procedures were in place for the above period?	
Treatment Cover -	
Please confirm limit required?	
Please confirm retro period required (if applicable)	
Description of treatment provided?	
Professional Indemnity -	
Please confirm limit required?	
Please confirm retro period required (if applicable)	
Reason for Requirement?	
Directors & Officers Cover -	
Please confirm limit required	
Please confirm retro period required (if applicable)	
Legal Expenses -	
Please confirm limit required?	
Please confirm any additional covers required (please note additional forms will be required)	
Engineering	
PA	
Legionnaires' Disease Questionnaire -	

Do you comply with the HSE Approved Code of Practice and Guidance L8 (2002): Legionnaires Disease: the control of Legionella bacteria in water systems?	Yes/No
If Yes who is the appointed person and what is there position?	
Has an assessment of the Legionella risk been undertaken?	Yes/No
If so please provide details of the findings	
What documents are kept?	
Do you operate items of equipment that are notifiable to your local authority under the Notification of Cooling Towers & Evaporative Condensers Regulations 1992?	Yes/No
Do you sample for Legionella bacteria?	Yes/No
Is an Outside Specialist Company Used for this?	Yes/No
If yes what samples are taken and how frequently?	
Who internally is responsible for organising the sampling and interpretation of results?	
Please confirm any additional material facts that need to be disclosed	
Please confirm the client's 5 year claims history	