



Infectious Disease Liability Application Form

General

Section 1 - Company Details			
Name of Organisation:			
Trading name (if different):			
Contact tel:		Contact email:	
Date established:		Web address:	

Principal address:
Registered address (if different):
<i>Please attach a list of any additional locations</i>
Role:
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Facility manager <input type="checkbox"/> Specific Service provider, e.g. Cleaning, Home care

Tax status:	For Profit	Not For Profit	Public	Government Entity
List of professional bodies/associations/regulatory bodies with whom you hold a license /membership				
Have you ever had any disputes/conditions/orders placed on you related to Cross-Infection/Infectious disease by a regulatory body or recognised health authority following an inspection?				
if "Yes" please provide details:				

Section 2 - Exposure Details			
	Past Financial Year	Current Financial Year	Next Financial Year
Financial			
Gross revenue			
Profit/Loss			

Premises Details	
Number of sites <i>Please attach a list of all locations to this application form</i>	
Insured Activities <i>Please provide a description or list of the main activities carried out on site</i>	
Do you operate any work-away activities off-site? <i>(please detail below)</i>	

Activities	
Estimated average annual footfall?	
Are business activities specifically focused towards any of the below groups?	
Children (< 13 yo)	Teenagers (13-17yo)
Seniors (> 65 yo)	Medically vulnerable
Are you legally responsible for the care of children (<18 years) on site at any time?	
<i>If yes, please complete childcare questions below</i>	

Childcare	
Are children under your care without their parent(s)/guardian(s) present?	
Is guidance issued to parents/guardians regarding attendance if showing symptoms of an illness?	
Is guidance issued to parents/guardians regarding return to the premises following an illness?	
Is there a protocol in place for children who begin showing symptoms of an illness while on the premises? <i>(If yes, please describe below)</i>	
Are staff, parents/guardians made aware of ongoing outbreaks?	

Are animals kept on site? <i>If yes please detail</i>	
Is there contact between the animals and members of the public?	
Are there inspections or guidance given by the regulator or professional body?	

Staff	
Number of staff?	
Do staff have basic training for decontamination and reporting potential infectious exposures?	
Do staff receive guidance on working if showing symptoms of an infectious illness?	

Policy	
Do you have a complaints system and nominated complaints manager?	
Do you have a protocol in place to prevent outbreaks?	
Are all staff aware of policies and procedures concerning outbreak prevention and PPE use?	
Do you request that third parties who are unwell (with a contagious disease) avoid attending the premises?	
If an exposure has occurred (or is suspected) is there a policy for informing those who may have been exposed?	
Are staff informed of ongoing outbreaks?	
Are third-parties informed of ongoing outbreaks?	
Are all minimum Infection control requirements met? (If applicable)	
Are third party service users/customers advised/required to use infection control PPE on site under any circumstances? <i>(Please detail)</i>	

Screening / Testing / Vaccination	
Do you have policies in place for the screening of staff and patients for Covid-19? <i>If no, under what circumstances are they tested (if any)?</i>	
Do you require staff with known or suspected contagious disease to stay home until recovered or no-longer infectious?	
Do you have a policy regarding compulsory vaccination which deviates from Local authority guidance? <i>If you have no vaccination policy please select, No.</i>	
If you specifically cater for one or more of the following groups (Children (< 13 yo), Teenagers (13-17yo), Seniors (> 65 yo), Medically vulnerable) please estimate the below to the best of your ability:	

Covid-19 Vaccination	1st and 2nd Dose	1st Booster	2nd Booster
Staff	%	%	%
Third party (if known)	%	%	%

Section 5 - Infectious Disease Outbreak History

Are you aware of any Infectious disease outbreaks that occurred under your responsibility which resulted in injury/death of one or more person(s)?	
Are you aware of any claims of bodily injury/death resulting from an outbreak on premises you manage during the last 5 years?	

Please provide details of all recorded infectious disease outbreaks experienced at Insured Locations within the last 5 years, including non-COVID19:

Infecting organism/ disease:			
Approx. date: M/Y - M/Y		Length of outbreak:	days
Location(s) impacted:			
Number of infected individuals:		Deaths:	
Were there :	Complaints made?		
	Request for medical records?		
	Requests for compensation?		
Were any new risk management procedures implemented following the outbreak:			
<i>Please provide any additional narrative:</i>			

Infecting organism/ disease:			
Approx. date: M/Y - M/Y		Length of outbreak:	days
Location(s) impacted:			
Number of infected individuals:		Deaths:	
Were there :	Complaints made?		
	Request for medical records?		
	Requests for compensation?		
Were any new risk management procedures implemented following the outbreak:			
<i>Please provide any additional narrative:</i>			

Section 8 - Declaration

I/We declare that after full investigation I/we are unaware of any claims and/or circumstances that could give rise to a claim, other than those already declared in the proposal

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts.

I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon.

I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signing this proposal form does not bind the proposer to complete this insurance.

Signature of authorised Individual/Partner/Principal/Director:

Date:

Print Name:

Position:
