



# Infectious Disease Liability Application Form

## Senior Care Providers

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

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

<b>Tax status:</b>	<input type="checkbox"/> For profit	<input type="checkbox"/> Not for profit	<input type="checkbox"/> Public	<input type="checkbox"/> Government Entity
<b>List of professional bodies/associations/regulatory bodies with whom you hold a license /membership</b>				
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:				
Have those who own or operate the operations, previously had experience in the care home/ senior residence market?				
If 'Yes', have they had any investigations in their operations or bankruptcies/liquidations?				

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

Beds			
Retirement		Nursing /Long term care	
Independent Living		Memory Care	
Senior Assisted Living		Palliative care	
% Occupancy			%

Section 3 - Staff (Staffing questions to apply to employed, non-employed, students and volunteers unless otherwise stated)					
Domiciliary		Physicians		Students	
Nurses		Auxiliary care		Other, Please list	
Clerical		Volunteers			
Are all staff vaccinated against Hepatitis B and is this monitored appropriately?					
Do staff receive guidance on working if showing symptoms of an infectious illness? <i>(If yes please outline)</i>					
Do you require that all medical staff are registered and/or licensed with the relevant regulatory body?					

Section 4 - Risk Management / Infection Control	
Are all minimum PPE requirements met, as set by your relevant regulating health authority (if applicable)?	
Do you have a PPE supplier which is accredited to minimum standards/ guidelines set by your relevant regulating health authority?	
Is there an infection control induction for all staff covering:	
a) prevention of outbreaks and cross infection	
b) management of active outbreaks	
c) clean-up following potential transmission/exposures	
d) Do all staff have a high-level awareness of health authority guidelines in respect of infectious disease control?	
Does training include use (donning/doffing) of PPE prior to use?	
Do you advise visitors to the premises when to use PPE?	

Policy	
Do you have detailed infection control policies in place?	
Do you have a named individual(s) responsible for coordinating responses and reviewing these policies?	
<i>If "Yes": Please detail this Individual's Certifications/ Experience in Infection control</i>	
Are Cleaning and Sanitisation procedures in place (to industry standard)?	Yes / No
Do you have an outbreak response plan?	
Do you have a written procedure for the documentation and investigation of events resulting in infectious disease adverse outcomes or near misses?	
In the event of an outbreak, or possible outbreak, is there a protocol for informing contacts of potential exposure?	
Do you have policies and procedures for isolating infectious individuals?	

General	
Do you have a complaints system and nominated complaints manager?	
Do you have a reliable method for recording and passing on messages regarding patient status or care?	
Are you aware of any complaints or claims that have ever been brought and/or threatened against you, and/or any circumstances which could lead to a complaint and/or claim against you? <i>If you have answered "Yes" please provide full details below or use the Outbreak history tracker template.</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 Covid-Positive (or suspected Covid-Positive) staff to stay home until recovered or no-longer infectious?			
Covid-19 Vaccination (%)	1st and 2nd Dose	1st Booster	2nd Booster
Residents			
Staff			

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)?	

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:			
Please provide any additional narrative:			

## 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: \_\_\_\_\_

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Were any new risk management procedures implemented following the outbreak:			
<i>Please provide any additional narrative:</i>			

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