

Please fax back to:



FAO: Joy Howson / Jackie Mackenzie

FAX NO: 01482 577300

FROM:

DATE:

CARE HOME DETAILS / SUMS INSURED

Care Home Trading Name: _____

Address: _____

Postcode: _____

Contact Name: _____

Telephone No: _____

Email address: _____

Categories of Registration: _____

No of
Beds: _____

Sums Insured:	Buildings Declared Value (bracketed figure)	£
	Contents Declared Value:	£
	Annual Revenue	£

Annual Wages:	Clerical	£
	All Other	£

ENGINEERING COVER: Inspection/Breakdown

Cover Required	Yes/No
Items to be covered	

CLAIMS DETAILS:

Date	Type of Claim	Cost / Reserve

RENEWAL DATE: _____

INSURER

PREMIUM: £ _____