Insurance supporting information

To help us assess that you will be able to comply with relevant regulations and sections of the Act if we grant your application, we need evidence of your liability insurance cover.

## Section 1. Confirmation and evidence of liability insurance cover

Please tick to confirm that arrangements are in place to ensure you will have appropriate insurance cover once your application is granted, and to indicate the type of evidence of each insurance cover currently available. We accept that prior to registration being granted evidence may be in the form of a quote for insurance cover.

For each insurance you **must** submit a copy of your certificate or quote with this form. These may both be covered by the same policy and certificate.

### 1.1 Employer Liability insurance

|  |  |
| --- | --- |
| Insurance arrangements made? | [ ]  Yes [ ]  No |
| Type of evidence available | [ ]  Insurance Quote\*[ ]  Certificate of insurance – new cover[ ]  Certificate of insurance - existing cover |
| \*If you only have a quote available at present you must complete this section:I confirm that if my application is granted, I will take out the quoted insurance and can afford the quoted cost |  [ ]  Yes[ ]  No |

### 1.2 Public Liability insurance

|  |  |
| --- | --- |
| Insurance arrangements made? | [ ]  Yes [ ]  No |
| Type of evidence available | [ ]  Insurance Quote\*[ ]  Certificate of insurance – new cover[ ]  Certificate of insurance - existing cover |
| \*If you only have a quote available at present you must complete this section:I confirm that if my application is granted, I will take out the quoted insurance and can afford the quoted cost | [ ]  Yes[ ]  No |

## Section 2. Exclusions or caps on cover provided

Please complete this section if your insurance provider has placed any exclusions, limitations, or caps on the value of claims payable under your insurance cover, for example in relation to COVID-19 claims.

### 2.1 Employer Liability insurance

|  |  |
| --- | --- |
| Has your insurance provider placed any limitations, exclusions or caps on your policy? | [ ]  Yes [ ]  No |
| If Yes, please provide details of the exclusions or caps: |  Click or tap here to enter text. |

### 2.2 Public Liability insurance

|  |  |
| --- | --- |
| Has your insurance provider placed any limitations, exclusions or caps on your policy? | [ ]  Yes [ ]  No |
| If Yes, please provide details of the exclusions or caps: |  Click or tap here to enter text. |

## Section 3. Other information

If you have told us above that there are limitations, exclusions or caps placed on your insurance cover, please tell us about the alternative provision and contingency plans you have in place to mitigate any risks posed to the health, safety and welfare of service users, and risks to your business by uncovered claims. Please also tell us how you have engaged with stakeholders (e.g. commissioners) to satisfy any contractual obligations.

|  |
| --- |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| Name of person completing form | Click or tap here to enter text. |
| Role in organisation | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |