Insurance supporting information

Our [guidance on meeting Regulation 13](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-13-financial-position#guidance) (Care Quality Commission (Registration) Regulations 2009) states that:

* The provider must have the financial resources needed to provide and continue to provide the services as described in the statement of purpose to the required standards.
* The provider must have insurance and suitable indemnity arrangements to cover potential liabilities arising from death, injury, or other causes, loss or damage to property, and other financial risks.

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 require evidence of your public and employer liability insurance cover. It is your responsibility to ensure that you have in place suitable insurance and indemnity arrangements relevant to your service (e.g. for premises, equipment, vehicles, other financial risk, etc.). We may ask for evidence of other insurance and/or suitable indemnity arrangements if we feel it is required for our assessment.

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

Please tick to confirm that arrangements are in place to ensure you will have appropriate public and employer liability insurance cover once your application is granted and 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  |
| \*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 employer liability insurance | [ ]  Yes[ ]  No |
| If no arrangements have been made yet, please tell us why? |  |

### 1.2. Public Liability insurance

|  |  |
| --- | --- |
| Insurance arrangements made? | [ ]  Yes [ ]  No |
| Type of evidence available | [ ]  Insurance Quote\*[ ]  Certificate of insurance  |
| \*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 public liability insurance  | [ ]  Yes[ ]  No |
| If no arrangements have been made yet, please tell us why? |  |

## Section 2. Other information

Please use this space if you need to tell us anything else about your insurance cover or about any alternative arrangements for covering potential liabilities.

|  |
| --- |
| 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. |