

# NAAPS PUBLIC LIABILITY POLICY HOLIDAY DECLARATION

## TEMPORARY TRANSFER OF COVER

Title: Mr/Mrs/Miss/Ms Your Client Ref No:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_  
Tel No: \_\_\_\_\_

**PLEASE COMPLETE THIS DECLARATION FORM AND SEND DIRECTLY TO THE ADDRESS SHOWN BELOW; TOGETHER WITH A CHEQUE (payable to "Ellis Bates & Co.Ltd") FOR £10.00 IN RESPECT OF POLICY FEE DUE**

### PART I

#### HOLIDAY PERIOD

FROM \_\_\_\_\_ TO \_\_\_\_\_ (no more than 14day periods at any one time)

#### SUPPORT CARER DETAILS

Title: Mr/Mrs/Miss/Ms  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_  
Tel No: \_\_\_\_\_

### PART II

#### ALL SUPPORT CARERS MUST ANSWER THE FOLLOWING QUESTIONS:

- |   |  |          |
|---|--|----------|
| 1 | Has any insurer ever declined a proposal, refused a renewal or terminated an insurance policy?               | YES / NO |
| 2 | Have you had any accidents or claims to which this Insurance would have applied?                             | YES / NO |
| 3 | Have you ever been convicted of, or charged (but not yet tried) with a criminal offence other than motoring? | YES / NO |

If you have answered 'YES' to questions 1, 2 and or 3, please give details overleaf. (Reverse of this page)

#### DECLARATION

- I/we declare that I/we am/are an approved Adult Placement Support Carer(s) operating under a recognised Adult Placement Scheme registered with the Commission for Social Care Inspection
- My/our service users are over 18 years of age (unless otherwise advised) and have no dependants living with them and have a disability or are vulnerable but do not have challenging or psychotic behaviour problems (behaviour which could cause harm to themselves or others)
- I/we have no more than 3 placements in our care at any one time
- I/we declare that the statement and particulars in this application, together with any other information supplied, are true and that I/we have not misstated or suppressed any material facts. I/we understand that the Insurance will become invalid should I/we have misrepresented any of the above facts.

Support Carer: Signed: \_\_\_\_\_ / \_\_\_\_\_ Dated: \_\_\_\_\_  
(If jointly caring, both to sign please)

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