



STAFF ABSENCE INSURANCE

Quote application form Page 1 of 2

Please complete all sections as fully as possible

When complete, please return the form via one of the options shown at the bottom of page 2

Section 1 - Contact details

School Name	<input type="text"/>	School Postcode	<input type="text"/>
School Type	Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>	Special <input type="checkbox"/>
Contact Name	<input type="text"/>	Position	<input type="text"/>
Email	<input type="text"/>		
Contact Number	<input type="text"/>	Renewal Date	<input type="text"/>

Section 2 - Cover & benefit requirements

Teacher FTE	<input type="text"/>	Daily Benefit	£ <input type="text"/>	Waiting Days/Excess	<input type="text"/>
Support Staff 1 FTE	<input type="text"/>	Daily Benefit	£ <input type="text"/>	Waiting Days/Excess	<input type="text"/>
Support Staff 2 FTE	<input type="text"/>	Daily Benefit	£ <input type="text"/>	Waiting Days/Excess	<input type="text"/>
Admin/Other FTE	<input type="text"/>	Daily Benefit	£ <input type="text"/>	Waiting Days/Excess	<input type="text"/>
Caretaker FTE	<input type="text"/>	Daily Benefit	£ <input type="text"/>	Waiting Days/Excess	<input type="text"/>

How to calculate your FTE

Actual hours worked by employee (e.g. per week) divided by full time hours for this role (over the same period) equals FTE.

Preferred Level of Stress Cover? No Cover 30 Days Full Stress Cover

Maternity Cover required? Yes* No

*We will require the dates of birth and FTE of all female employees in categories you wish to insure.

Section 3 - Additional helpful information

Who currently provides your insurance?	<input type="text"/>
Target Premium	<input type="text"/>
How did you hear about us?	<input type="checkbox"/> Recommended/Referral <input type="checkbox"/> Direct Mail <input type="checkbox"/> Internet Search <input type="checkbox"/> Telephone Call <input type="checkbox"/> Event
<input type="checkbox"/> Other	Please specify <input type="text"/>

Please continue to complete Section 4 & 5 overleaf...

Quote application form Page 2 of 2

Providing your absence history is important

It helps us to negotiate the best terms for your school and ensures you are appropriately protected at a sensible price.

Section 4 - 3 year absence disclosure

In the table below, please provide us with the number of days of staff absence which **exceeded the waiting days/excess** selected in Section 2, and occurred in the 3 years prior to the renewal date stated. It is important that you detail all absences irrespective of whether you made an insurance claim.

So, for example, should you select an insurance start date of April 1st 2019 and choose a 5 day excess, we only need to know about the total number of absence days, for each incidence of absence, that exceeded 5 days from April 1st 2016 onwards.

You do not however need to include any periods of absence as a result of Maternity, Paternity or Adoption Leave. Also, please be aware that days of absence for part time employees should be adjusted according to their FTE, so 30 days of absence for a 0.2 employee would be $30 \times 0.2 = 6$ days.

Dates	/ /16 to / /17	/ /17 to / /18	/ /18 to / /19
Teachers	Total Days <input type="text"/>	Total Days <input type="text"/>	Total Days <input type="text"/>
Support Category 1	Total Days <input type="text"/>	Total Days <input type="text"/>	Total Days <input type="text"/>
Support Category 2	Total Days <input type="text"/>	Total Days <input type="text"/>	Total Days <input type="text"/>
Admin/Other	Total Days <input type="text"/>	Total Days <input type="text"/>	Total Days <input type="text"/>
Caretaker	Total Days <input type="text"/>	Total Days <input type="text"/>	Total Days <input type="text"/>

In the section below please tell us more detail about any individual absences included above which continued for 20 days or more. Please also ensure you let us know if that staff member is currently still employed.

Section 5 - Details of absences which continued for 20 days or more in the previous 3 years

	Absence One	Absence Two	Absence Three	Absence Four
Staff Category	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff Members FTE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Absence Start Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Absence End Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cause of Absence	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Still Employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Keeping in touch

By submitting this form you are supplying us with the details required to obtain quotations. You will also have provided us with your contact details. We would like to retain these contact details to keep you updated about Integro's products, services and relevant industry news. Please tick the boxes below to tell us how you would like to receive this information by ticking each of your preferences below. I would like to receive information by:

Email Telephone Post

To return this form... Please save a copy of the form to your local computer, then return to us by one of the following options:



Email a copy to us at quotes@integro-education.co.uk



Fax a copy to us on **0161 419 3030**



Post a copy to us at **Integro Insurance Brokers, Century House, Pepper Road, Hazel Grove, Stockport, SK7 5BW**

DECLARATION - I declare that the statements made by me in this proposal are true and complete and will form part of any contract of insurance affected thereon. I confirm that no material fact has been omitted, misrepresented or misstated. I undertake to inform you before and after any contract of insurance is concluded if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.