



Adult/Youth Accommodation Questionnaire

(Supplementary to the Insurance Quotation Request)

1. Do you provide? Day Accommodation No Yes Overnight Accommodation No Yes
If 'yes', please list premises occupied for this purpose as follows:

2. Maximum number of people accommodated on a daily basis

3. Age range of people accommodated

4. What is the carer to child ratio

5. Is there a live-in carer on-site? No Yes

6. Do the premises comply with all Government legislation that pertain to your activities? No Yes

7. Do you have a current and tested emergency management plan? No Yes

8. What first aid resources are on-site?

9. Provide details of each location (not required if already completed for the business package section):

Construction: Walls Floor Roof

Fire protection: sprinklered smoke / heat detectors hose reels extinguishers

Security protection: monitored alarm local alarm deadlocks on doors/ windows

panic alarm cctv

If there is more than one premises, please provide details as above on separate page for each location.

Please return this completed questionnaire with your Insurance Quotation Request.