

## **Quote Questionnaire**

| Contact details:  |                            |               |                            |               |  | Our policy includes occupational health and wellbeing cover for all insured staff as standard. |                      |  |
|---|----------------------------|---------------|----------------------------|---------------|--|--|----------------------|--|
| School name:  |                            |               |                            |               | If you would like to include other staff too, simply |  |                      |  |
| School postcode:  |                            |               |                            |               |  | let us know how many by noting the number in the box below.                                    |                      |  |
| Contact name:   |                            |               |                            |               |  | ~`   |                      |  |
| Email:  |                            |               |                            |               |  |  |                      |  |
|   |                            |               |                            |               |  |  |                      |  |
| Basis of cover:   |                            |               |                            |               |  |  |                      |  |
| Staff Category  | Full Time Equivalent (FTE) |               | Daily Benefit (£30 - £300) |               | Waiting Days (0-30)                                  |  | Claimable Days*      |  |
|   |                            |               |                            |               |  |  |                      |  |
|   |                            |               |                            |               |  |  |                      |  |
|   |                            |               |                            |               |  |  |                      |  |
|   |                            |               |                            |               |  |  |                      |  |
|   |                            |               |                            |               |  |  |                      |  |
|   |                            |               |                            |               |  |  |                      |  |
|   |                            |               |                            |               |  |  |                      |  |
| *Claimable Days   |                            |               |                            |               |  |  |                      |  |
| Teaching Staff  |                            | Support Staff |                            |               |  | All Year Round Staff   |                      |  |
| 190   |                            | 190           |                            |               |  | 250  |                      |  |
|   |                            |               |                            |               |  |  |                      |  |
| We can provide a quotation without an absence history, but if you wish to add cover for pre-existing conditions we will need you to provide two years' absence history for existing staff members only. |                            |               |                            |               |  |  |                      |  |
|   |                            |               | taff                       | Support Staff |  | f  | All Year Round Staff |  |
| Current Year (2024/25)  |                            |               |                            |               |  |  |                      |  |
| Previous Year (2023/24  |                            |               |                            |               |  |  |                      |  |
|   |                            |               |                            |               |  |  |                      |  |
| Existing insurer:   |                            |               | Existing premium:          |               |  |  |                      |  |
| Required policy start date:   |                            |               |                            |               |  |  |                      |  |
| Do you have any on-going claims?  |                            |               |                            |               |  |  |                      |  |
| Do you require Maternity B  |                            |               |                            |               |  |  |                      |  |
|   |                            |               |                            |               |  |  |                      |  |
|   |                            |               |                            |               |  |  |                      |  |

