Care Worker & PA Insurance – Application Form

How to apply:

Simply fill in this form and post it to:

Blue Badge Mobility Insurance

Blue Badge Mobility Insurance,
No 7 Ridgeway Office Park
Bedford Road, Petersfield, GU32 3QF

Or call us on 01730 233 101 and we'll be happy to help!

Step 1 – Your Details:

Title:	Forename(s):	Surname:
Address:		
Postcode:		
Telephone:		
Email:		
Date of Birth:		

Step 2 – Further details:

Can you confirm the following 5 statements? ☐ Yes ☐ No (Please call us)

1. I have not had any claims made against me in my capacity as a carer.
2. I have not been dismissed from any job as a carer.
3. I do not have any current or pending convictions other than minor traffic offenses.
4. I have never been refused care worker/PA insurance.
5. I am qualified or have received relevant training for duties undertaken as part of my care activities

If you cannot agree to ALL of the above statements please call us on 01730 233 101

Years of experience: ☐

Do you have a current DBS check or equivalent?: ☐ Yes ☐ No

Call our friendly Customer Service Team for support on 01730 233 101

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Step 3 – Cover

Care Worker and PA Insurance: Premium (£5M Public Liability)	☐	£84.00 /Yr
Care Worker and PA Insurance: Standard (£1m Public Liability)	☐	£75.00 /Yr

Please enter the date you would like the cover to start:

Cover start date: / /

(NB no more than 30 days in advance)

Step 4 – Payment Details:

☐ Cheque – payable to BBMI ☐ Visa / Mastercard / Switch / Delta

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Valid from: ☐☐ / ☐☐ Expiry Date ☐☐ / ☐☐ Issue No *(Switch)* ☐☐ Security Code *(Last 3 digits on signature strip)* ☐☐☐

Cardholders Name:

Cardholders Signature:

Declaration:

By signing this declaration you are agreeing to abide by the terms and conditions of this policy, downloadable at www.bluebadgemobilityinsurance.co.uk

I understand that I have 14 days from the receipt of my policy in which to change my mind and cancel the policy and receive a full refund, after which the standard cancellation terms within the policy documentation will apply.

Signature: Date:

If you are unable to agree with this declaration, or eligibility criteria, please call Blue Badge Mobility Insurance to discuss. Cover will NOT start until we accept your application. For immediate cover payment can be made by credit/debit card on our website www.bluebadgemobilityinsurance.co.uk or by calling us on 01730 233 101