

## Childcare Employers Liability Report Form

PLEASE COMPLETE ALL PAGES OF THIS FORM AND RETURN IMMEDIATELY TO THE ADDRESS SHOWN

### INSURED

Name

Policy Number

Address (incl postcode)

Email

Telephone number

Fax number

(a) Are you registered with Customs and Excise as a Taxable Person for VAT?  Yes  No

(b) If the answer to (a) is YES, do you obtain full remission of input tax from Customs?  Yes  No

(c) If the answer to (b) is NO (i.e. you are "partially exempted") what percentage are you provisionally assessed as being able to recover?  %

### DETAILS OF EMPLOYEE(S)

Name

Date of Birth

Address (incl postcode)

Telephone number

Occupation

Date Commenced Employment

National Insurance number

Clocks/Works Number

Department

Childcare EL Report Form  
NEL1 07012009

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Was the employee actually in the course of their employment?  Yes  No

If NO, state what they were doing?

Please confirm Employee's Marital Status?

No of Children?

Did the employee have any physical defects or relevant history before this incident?  Yes  No

If YES, Please specify

### DETAILS OF INCIDENT

Date & Time

Location

Has Incident been entered in your accident record book? If yes, Please supply a copy  Yes  No

What was the nature of the work being performed?

State length of experience in carrying out this type of work

Has Health & Safety Executive/ Local Authority/OFSTED Investigated since the Incident?  Yes  No

Has there been any warning of prosecution?  Yes  No

Has there been any breach of the Health and Safety at Work Act or any other Regulations  Yes  No

If YES, Please specify

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### INJURY OR DISEASE

Nature of Injury or Disease	
Date reported to you	
Cause of Injury/Disease	
If disease, state period of exposure	
If Employee was medically examined or removed to hospital give particulars (attach copies of any medical certificates received)	
When did Employee (a) Leave work (b) Return to work	
If not yet returned when is he/she expected to return	
If incident resulted in death, give date of death	
Explain how incident occurred	

### WITNESSES Please give names and addresses of witnesses




## Childcare Employers Liability Report Form

**Return Claim form to:**

**Pound Gates & Co Ltd, St Vincent House, 1 Cutler Street, Ipswich, Suffolk. IP1 1UQ**

**Tel: 01473 216406 Fax: 01473 346092**

I HEREBY DECLARE that the above statements are true to the best of my knowledge and belief, that no other Insurance is in force, and that I undertake to render such assistance in my power as Underwriters may require

Signature

Position

Date