

Please complete all sections of the form to the best of your knowledge, and email it to sales@saisolutions.co.uk.

**Part One | Contact Details**

School Name

School Address

School Postcode

School Type      Primary       Secondary       Special

Contact Name       Position

Contact Email

Contact Number       Best time to contact

**Part Two | Benefit & Cover Details**

$$\text{FTE} = \frac{\text{Actual hours worked by employee (eg. Per week)}}{\text{Full time hours for the role (over the same period)}}$$

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

**Optional Extras**

Maternity Cover      Yes       No

Preferred Level of Stress Cover      No Cover       30 Days       Full Cover

### Part Three | 24 Month Absence Disclosure

Please give an overview of the absences that have taken place in the last 2 years.

Dates	<input type="text" value=" / /16 to / /17"/>	<input type="text" value=" / /17 to date 18"/>
Teachers	<input type="text" value="Total Days"/> <input type="text" value="Total Cases"/>	<input type="text" value="Total Days"/> <input type="text" value="Total Cases"/>
Staff Support	<input type="text" value="Total Days"/> <input type="text" value="Total Cases"/>	<input type="text" value="Total Days"/> <input type="text" value="Total Cases"/>
Admin/Other	<input type="text" value="Total Days"/> <input type="text" value="Total Cases"/>	<input type="text" value="Total Days"/> <input type="text" value="Total Cases"/>
Caretaker	<input type="text" value="Total Days"/> <input type="text" value="Total Cases"/>	<input type="text" value="Total Days"/> <input type="text" value="Total Cases"/>

### Part Four | Previous Claims Details

Please provide details of medical conditions leading to absence which exceeded your staff absence insurance excess in the previous 24 months minimum. The insurers prefer as much detail as possible to be able to provide the best premium, so please give as much history as you can.

	Absence 1	Absence 2	Absence 3	Absence 4
Staff Member's Category	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff Member's 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	<input type="text" value="Yes"/> <input type="text" value="No"/>	<input type="text" value="Yes"/> <input type="text" value="No"/>	<input type="text" value="Yes"/> <input type="text" value="No"/>	<input type="text" value="Yes"/> <input type="text" value="No"/>

If there are more absences then please complete the rest on a separate sheet and submit with the application.

## Part Five | Ofsted Reports

Along with details of your previous and next inspection, we also ask for you to include your latest report to be sent with your applications.

Last Inspection

Inspection Rating

Next Inspection

## Part Six | Renewal Details

Current Insurer

Renewal Date

Renewal Price

To complete your application we also require the following documents:

1. Full list of staff, including their position
2. A list of any additional absences
3. The Ofsted report from your most recent inspection
4. School holiday list

Please send the completed form with the documents attached to **sales@saisolutions.co.uk**.

If you need any assistance with your application the you can either email us using the address provided previously or call us on **0800 223 0354**.

**Throughout the policy you will need to keep the insurer up to date with any changes within the school that will affect the policy.**

**Please sign to confirm that all the information you have presented is correct to the best of your knowledge.**

**Sign**

**Name**

**Date**

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