

CITY & GENERAL DIRECT (UK) LIMITED TEACHER ABSENCE INSURANCE QUESTIONNAIRE

Name of School

Address.....

..... Postcode.....

TelephoneFax Contact Mr/Mrs/Miss.....

Existing Insurer Existing Premium Date Cover Required

NUMBER OF EMPLOYEES / BENEFIT REQUIREMENTS ON FULL TIME EQUIVALENT (FTE) BASIS

	Number of Staff To be Insured	Required Daily Amount of Cover (e.g. £150 per day)	Required Excess Period
Teaching Staff (FTE)
Non Teaching Staff (FTE)
Caretakers (FTE)
Other Staff (FTE)

CLAIMS EXPERIENCE – Please advise the total number of days that have been claimed or would have been claimed in the last 3 years AFTER deducting your required excess period from each absence. Please do not include staff who are no longer at the school.

	Teaching Staff	Other Staff	Excess Period
2005/2006
2006/2007
2007/2008

Name: Position:

Signature: Date: