



INNOVATIVE INSURANCE SOLUTIONS

PROPOSAL FORM

THE CLEANING INDUSTRY



Insurance Brokers . Underwriting Agents
Lloyd's Brokers . Independent Financial Advisers

1) **PROPOSER NAME:** (Please include trading and partners names if not a Limited Company)

**Full Business
Address including
Post Code:**

Tel No :

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Fax:

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Website Address:

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Email Address:

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Contact Name:

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**Business
Description:**

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Date Insurance to Commence:

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Date Established:

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How long have you been in business at this address?

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Elsewhere?

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Are you a member of any Trade Association?

YES

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NO

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If "YES" please provide further details including membership number:

How many persons do you employ:

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2) **EMPLOYERS LIABILITY**

DO YOU REQUIRE THIS COVER?

YES

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NO

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We will automatically provide you with a limit of £10,000,000.

If an increased limit is required please indicate

£

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3) **PUBLIC/PRODUCTS LIABILITY**

a) Please indicate limit of indemnity required:

£1,000,000

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£2,000,000

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£5,000,000

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or

Other limit (please state amount)

£

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b) Do you manufacture or supply 'own branded' cleaning consumables or equipment?

YES

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NO

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If "YES" please give details:

c) What is your estimated turnover for the supply only of consumables?

£

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4) **ESTIMATED FIGURES FOR THE NEXT 12 MONTHS**
PLEASE ENSURE THAT YOU PROVIDE A FULL AND PRECISE BREAKDOWN OF ALL
YOUR BUSINESS ACTIVITIES:

CATEGORIES	TOTAL NO. OF STAFF	SALARY DRAWINGS OF PRINCIPALS OR PARTNERS	WAGES – OWN EMPLOYEES & LABOUR ONLY SUB-CONTRACTORS	PAYMENTS TO INDEPENDENT CONTRACTORS (BONA-FIDE SUB-CONTRACTORS)	TURNOVER
a) Clerical, administrative, (not involved in manual work)		£	£	£	£
b) Window cleaning at ground level & by means of reach/wash system		£	£	£	£
c) Window cleaners working up to 10 metres in height		£	£	£	£
d) Shop/office/pub/domestic		£	£	£	£
e) Schools/hospitals/surgeries		£	£	£	£
f) Factory cleaning		£	£	£	£
g) Office and toilet areas within factories		£	£	£	£
h) Sports/leisure facilities eg leisure centres		£	£	£	£
i) Carpet, upholstery cleaning		£	£	£	£
j) Builders cleans (internal only)		£	£	£	£
k) Fire and Flood Restoration		£	£	£	£
l) Pressure washing without use of chemicals (provide full description of activities within this category)		£	£	£	£
m) Any other cleaning work. Please state exact activity and figures below					
		£	£	£	£
		£	£	£	£
		£	£	£	£
n) Any non cleaning work					£
		£	£	£	£
		£	£	£	£
		£	£	£	£
TOTALS		£	£	£	£

Estimated gross company turnover for next 12 months (excluding sales of Janitorial products) £
 Estimated gross turnover in respect of Janitorial Products sold £

Do you always ensure that Independent Contractors (BFSC) maintain Employers'/Public/Products Liability Insurance with limits of indemnity no less than those proposed under this insurance, and do you obtain written evidence on appointment of such Contractors and at least annually thereafter.

YES NO

5) **DO YOU CARRY OUT WORK:**

a) Involving the use of heat e.g. welding/cutting plant, blow lamps, torches, hot air strippers etc?

YES NO

b) On or in aerodromes/airports (other than internal areas), aeroplanes, oil, petrol, gas or chemical storage tanks, offshore gas or oil installations, gas or chemical works, nuclear processing installations, railways or tunnels, blast furnaces, bridges, chimney shafts, collieries, docks, gas works, harbours, mines, oil refineries, power stations, pylons, reservoirs, ships, steeples, towers, viaducts, quarrying, blasting, diving operations, dams and water diversion, hospital operating theatres & clean room environments.

YES NO

c) Involving stone, tank or boiler cleaning or the use of high pressure equipment? YES NO

d) Involving the cleaning of computers? YES NO

e) Involving the use of drying/de-humidifying equipment? YES NO

If "YES", please provide full details including type and method of work, equipment and chemicals used, maximum PSI etc, below. Please also ensure an amount has been indicated in the boxes provided above.

6. DO YOU REQUIRE YOUR INSURANCE COVER TO INCLUDE YOUR LEGAL LIABILITY FOR THE FOLLOWING:

a) Treatment Risks – Damage to carpets, soft furnishing, upholstery and the like caused by any cleaning process.

YES NO

i) Do you issue a written disclaimer of liability in respect of the treatment of carpet/upholstery cleaning?

YES NO If "YES", please attach a copy of your standard Contract Conditions.

b) Security of your clients' premises. YES NO

c) Loss of or damage to property taken off site for cleaning. YES NO

7. LOSS OF KEYS

Do you require this cover? YES NO

If cover is required please complete the following questions:

a) Who are the key holders?

b) What reference checks are made on persons before allowing them to hold keys?

c) How are keys kept safe?
i) Whilst in possession of employees?

ii) Whilst kept in office?

8. EMPLOYMENT PROTECTION – LEGAL EXPENSES

Do you require this cover which will be subject to an additional premium? YES NO

If cover is required please complete the following questions.

i) Has your business, you or your employees been involved in any legal dispute, action or prosecution (excluding driving offences) during the last five years whether insured or not? YES NO

If "YES" please provide full details (overleaf) in respect of the nature, date, outcome and the amount of any legal costs incurred (including employment awards if applicable) in respect of such disputes, actions or prosecutions:
(Please attach a separate sheet if more space is needed).

ii) To the best of your knowledge and belief, are any redundancies envisaged in your business within the next 12 months?

YES NO

If "YES", please provide full details, including the number of redundancies envisaged:

iii) In the last three years have you been taken over, merged with or taken over any other company, or to the best of your knowledge and belief is it likely that your firm will take over another firm within the next 12 months?

YES NO

If "YES", please provide full details in respect of the company(s) with whom you have merged or taken over:

iv) Do you recognise or negotiate with a trade union? YES NO

9. MISUSE OF CUSTOMERS' TELEPHONES

Do you require this cover?

YES NO

10. HEALTH AND SAFETY

a) Do you have a written Health and Safety policy as required by the Health and Safety at Work Act 1974.

YES NO

b) Who is responsible for health and safety matters?

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c) Are proper procedures in force to fully train and supervise employees? YES NO

If "YES" do you retain a written record for each employee?

YES NO

d) Is all equipment tested and inspected in accordance with current statute? YES NO

e) Are all employees issued with adequate protective clothing e.g. overalls, gloves, etc?

YES NO

f) Do you operate to any recognised quality standards i.e. ISO9002? YES NO

If you have answered "NO" to any of the above Health and Safety questions please give further explanations below:

g) Do you carry out risk assessments which are written down and recorded for each location at which you work?

YES NO

h) Have you ever been prosecuted under any Health and Safety Regulations or Factory Acts?

YES NO

If "YES", please give details:

11. INSURANCE HISTORY

Have you suffered any incidents or had any claims made against you during the past 5 years whether or not insurance was in force?

YES NO

a) If "YES", please give details:

DATE	BRIEF DETAILS OF CLAIM	AMOUNT PAID	AMOUNT OUTSTANDING

b) Are you insured at present: YES NO

If "YES" please state below:

i) Name of Insurer:

ii) Policy Number: Renewal date:

c) Has any Insurer ever declined to insure you, cancelled or refused to insure you, required increased premiums, special terms or restrictions for any Section for which you are now proposing?

YES NO

If "YES", please provide details below:

d) Has your company or any principal, partner or director ever been prosecuted or convicted under any legislation or statute relating to Health and Safety of employees or others?

YES NO

If "YES", to any of the above, please give details:

e) Has your company or any principal, partner or director ever been declared bankrupt or insolvent or ever been convicted or charged (and not yet tried) of any criminal offence (other than road traffic offences).

YES NO

DECLARATION

I/we warrant that the above statements are true and complete and agree that they shall be the basis of the proposed contract between Underwriters and myself/ourselves and be considered as incorporated therein. In the event of the completion of the contract, I/we agree to keep accurate records and after expiry of the period of insurance declare as soon as possible such details as Underwriters require. The premium shall then be adjusted and any difference paid to the Underwriters subject to any minimum premium that may apply. Where such estimates include remuneration to employees, the required declaration shall also include remuneration to persons engaged to perform a contract constituting the provision of labour only.

I/we also agree that any variation in practices and/or procedures will not be made without the knowledge and agreement of the Underwriters.

It is further warranted that continued accuracy of the statements, particulars and answers shall be a condition precedent to liability under the proposed insurances.

3RD EC DIRECTIVE

You and we are free to choose the law applicable to this contract. In the absence of an agreement to the contrary the law of England and Wales will apply. If you reside in (or in the case of business, the registered office/principal place of business is in) Scotland, Northern Ireland, the Channel Islands or the Isle of Man the law applicable to that appropriate country will apply.

Signed: _____ **Date:** _____

Position in Company: _____

PLEASE NOTE:

Material facts are those facts which are likely to influence the acceptance or assessment of this proposal. It is essential you disclose them and if in doubt as to whether a fact is material you should disclose it since failure to do so could invalidate your policy.

ADDITIONAL COVERS AVAILABLE

We are also able to provide cover for the following, if you would like further details please indicate:

PROPERTY INSURANCE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DIRECTORS AND OFFICERS INSURANCE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PROFESSIONAL INDEMNITY	YES <input type="checkbox"/>	NO <input type="checkbox"/>
MOTOR FLEET INSURANCE	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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