

# PROPOSAL FORM FOR THE CLEANING INDUSTRY

**DISCLOSURE:** In completing this Proposal Form it is very important that you disclose fully & accurately all material facts, as failure to do so may result in this insurance being void. Material facts are those which may affect an Insurers assessment of the risk to be insured. If you have any doubt as to whether something is a material fact you should provide full details on this Proposal Form.

**IMPORTANT: PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS IN FULL  
& WHERE APPLICABLE TICK THE APPROPRIATE BOX.**

## YOUR DETAILS

1. Full name (including any trading names):

(where the company is not limited we must have names of all partners)

2. Address:

Postcode (must be provided):

3. Tel No:

- Fax No:

4. Email:

- Website:

www.

5. Date Company established (if less than 12 months please provide full details of the relevant experience of directors/principals including names of previous companies worked for):

6. Give details of any trade association or regulatory body you are a member of:

## YOUR BUSINESS

7. Business Description (give fullest possible description of all activities undertaken):

(Note: cover will only apply to the business defined above)

## YOUR BUSINESS PLANS

8.

	Principals Wages £	Own Employees wages (inc labour only subcontractors) £	Payments to Bona-Fide Subcontractors £	Turnover £
i) Clerical wages	<input type="text"/>	<input type="text"/>		
ii) Window cleaning at ground level	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii) Window cleaning by "pole system"	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
iv) Window cleaning above ground level but below 10m	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
v) Window cleaning or any other cleaning above 10m (but excluding abseiling/rope access & slings/cradle work)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
vi) Abseiling/rope access and slings/cradle work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
vii) Domestic, shop and office cleaning (including carpet cleaning)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
viii) Supermarkets and shopping centres	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ix) Factory, industrial and kitchen cleaning (but excluding specialist machinery cleaning)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
x) Specialist machinery cleaning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
xi) Pressure washing/jetting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
xii) Builders cleans	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
xiii) Other work at height? (give details below)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
xiv) Any other work? (e.g. stone, tank, boiler, duct or drain cleaning etc).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please give full details of work referred to in xiii) and xiv) above

**TOTALS**£ £ £ £ **TOTAL NUMBER OF EMPLOYEES**

# YOUR INSURANCE REQUIREMENTS

9. Please state if you require quotes for more than one limit

	tick if required		Limit of indemnity	
	YES	NO		
a) Public Liability/Products Liability incorporating:			£1m	<input type="checkbox"/>
• failure to perform (inefficacy)	<input type="checkbox"/>	<input type="checkbox"/>	£2m	<input type="checkbox"/>
• deliberate acts			£5m	<input type="checkbox"/>
• treatment risks			other	£ <input type="text"/> m
• failure to secure premises				
• incorrect destruction of goods				
• damage to property being worked upon				
• damage to third party plant whilst being operated				

b) Employers' Liability	<input type="checkbox"/>	<input type="checkbox"/>	£10,000,000
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**Optional Extensions:**

Loss/Consequential Loss of Keys	<input type="checkbox"/>	<input type="checkbox"/>	£25,000
Financial Loss	<input type="checkbox"/>	<input type="checkbox"/>	£50,000
Customer Goods at own premises	<input type="checkbox"/>	<input type="checkbox"/>	£10,000 per customer
Fidelity Bonding	<input type="checkbox"/>	<input type="checkbox"/>	£5,000
Misuse of Telephones	<input type="checkbox"/>	<input type="checkbox"/>	£5,000

higher limits are available on request

# YOUR HEALTH & SAFETY PROCEDURES

	tick boxes	
	YES	NO
10. a) Do you have a written Health & Safety Policy as required by the 1974 Health & Safety at Work Act?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Please state the name & position of the person responsible for this	<input type="text"/>	
b) Do you have adequate procedures in force to fully train & supervise employees?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Is all equipment tested & inspected in accordance with current legislation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Are all employees issued with adequate protective clothing, such as gloves and aprons and do employees sign to confirm receipt?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) In respect of work at height are all employees fully trained and issued with safety equipment and is such training and equipment issued fully documented & recorded?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Where there is any use of ladders <b>OR</b> work over 10 m a supplementary questionnaire is required. Please tick to confirm you have completed this. (If you do not have this please contact us)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g) Do you use, handle, store or transport any hazardous substances such as explosives, toxic or corrosive chemicals, siliceous materials, gases, asbestos, isocyanates, radioactive substances or any materials giving rise to dust, fumes or vapours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Do you carry out COSHH assessments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered **NO** to any of the questions a) to i) or **YES** to question g) please give a full explanation

## GENERAL QUESTIONS

### 11. Employee Vetting

Please detail what steps are carried out to vet the trustworthiness and honesty of employees

12. a) Do you engage Bona-Fide Subcontractors? YES  NO
- b) If **YES**, do you check that they hold Public Liability Insurance with a limit of indemnity of not less than £1,000,000? YES  NO

(Definition: A bona-fide subcontractor is one who supplies their own equipment and operating staff & who should have their own Public/Products Liability Insurance with a limit of at least £1,000,000)

### 13. Do you carry out any work which:

- a) involves the use of heat away from your own premises? YES  NO
- b) is on board ships, on off-shore installations, at airports, chemical or petrochemical works, nuclear installations, gas storage facilities or within 5 metres of railway tracks? YES  NO
- c) is outside Great Britain? YES  NO
- d) is in Northern Ireland? YES  NO
- e) involves clinical waste or sharps and needles? YES  NO

If you have answered **YES** to any of these questions please provide **full** details including turnover & wages estimates for these activities

### 14. Loss of Keys Extension

If you have opted for this extension please advise what system you have in force for ensuring the security of the keys

- 15.** Do you carry out cleaning of carpets, soft furnishings, upholstery & the like? YES  NO
- If **YES**, do you issue a written disclaimer of liability in respect of the treatment of such goods? YES  NO
- 16.** Do you operate to any recognised Quality Assurance Standard? e.g. ISOEN 9002 YES  NO
- If **YES**, please state what this standard is

## YOUR BUSINESS HISTORY & CLAIMS EXPERIENCE

- 17.** Have you or any director or partner ever had any claim made against you in the last 5 years, (whether insured or not) in respect of the insurances for which you are now proposing? YES  NO

If **YES**, please provide the following details, including the present position on any claims outstanding against you :

YEARS	Brief details & type of claim	Amount Paid £	Amount Outstanding £
/			
/			
/			
/			
/			

- 18.** Has any insurer ever declined to insure you, cancelled or refused to renew your insurance? YES  NO

If **YES**, please provide full details

19. Have you or any director or partner ever:

YES  NO

- been prosecuted under the Health & Safety at Work Act 1974, the Consumer Protection Act 1987 or any other legislation relating to the health & safety of your employees?
- been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence?
- been concerned with any business which has been wound up, liquidated, dissolved or ceased to trade?

If YES to any of the above please provide full details

20. Name of Last Insurer:

THIS MUST BE PROVIDED

Policy Number(s)

Expiry Date of current Policy

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Expiring Premium

£

## IMPORTANT

### DISCLOSURE

Material facts must be disclosed. These are facts which an insurer would regard as likely to influence the acceptance and assessment of the proposal. If you are in any doubt about what you should disclose, do not hesitate to tell us or your insurance adviser. Making sure we are informed is for your own protection as failure to disclose all material facts may invalidate your cover or result in your policy not operating fully. Please keep copies of all communications in respect of information supplied for the purpose of entering into this contract. If requested a copy of the proposal form will be provided.

### ANTI FRAUD WARNING

It is important that care is exercised in the completion of this form. Some or all of the information which you supply to Insurers in connection with this insurance will be held by the Company on computer and may be passed on to other parties for underwriting and claims handling purposes and to prevent fraudulent claims.

### DECLARATION

I/We declare that to the best of my/our knowledge and belief this proposal form has been completed correctly and nothing material affecting any of the risks proposed has been concealed. I/We agree that this proposal shall form the basis of the contract with insurers. I/We agree to accept insurance subject to the terms and conditions of the Company's policy and that the insurance will not be in force until this proposal has been accepted by the Company. I/We further agree to provide such declarations of actual wages and turnover at the end of the period of insurance as may be required, and to pay any additional premium due.

NAME IN CAPITALS:

POSITION:

SIGNED:

DATE:

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