

Cleaning Insurance - Demands & Needs Risk Capture

Please complete and check the information in this document carefully as this constitutes our understanding of your Insurance requirements and situation:-

COMPANY INFORMA	TION					
The Business: (Full name)						
Include partners and tr	ading names if r	not a limited Co	ompa	ny		
Address:						
Post Code:			D	ate established:		
Do you have additional	l Premises?	Yes / No		If Yes, please co	omplete an additional	premises sheet
Occupation:						
Tel No:			E	mail:		
Contact:			W	/ebsite:		
Renewal Date:			С	urrent insurers:		
Do the Directors have a	at least 5 years'	experience in t	he C	leaning Industry?	If 'No' please give details below	Yes / No



ESTIMATES FOR THE NEXT 12 MONTHS				
Wage estimates (including payments to Labour only Sub-Contractors):				
Clerical, Administration and Non-Manual including Directors	£			
Height work (above 1m) including window, high level cleaning, gutter cleaning, abseiling and cradles	£			
Cleaning Activities:				
Shopping Centres and Supermarkets	£			
Shop Office and Commercial including car workshops, car valeting, ground level window cleaning and reach & wash cleaning, doctors / dental / veterinary surgeries / clinics (including sharps removal provided correctly contained in approved receptacles — (not the disposal risk), schools, colleges and universities including laboratory classrooms (other than bio-hazard, secure areas and animal testing where referral must be made to insurers), hotels, public houses and the like, leisure centres, floor cleaning and maintenance, warehouses, litter picking and sweeping, use of rubbish compactors, pressure washing under 10000 PSI, domestic and accommodation cleaning	£			
Industrial cleaning (including builders clean, factory cleaning, refuse, stone, drain cleaning, pest control, kitchen cleans, machinery cleaning, production lines, fire and floor restoration, laboratories (other than bio-hazard, secure areas and animal testing).	£			
Duct and ventilation cleaning	£			
All other cleaning	£			
Please provide details of all other activities undertaken:				
Non-Cleaning Activities	£			
Please provide details of all other cleaning undertaken:				
Total Estimated Turnover	£			
Turnover from sale of Janitorial Products	£			
Estimates / Payments to Bona Fide Sub-Contractors	£			
Please provide details of all Sub-Contracted activities undertaken:				



High Risk Premises and Activities			
Do you carry out work or does the business have any involvement with:-			
Nuclear installations, docks, harbours, railways, watercraft, offshore gas or oil installations, chemical or petrochemical works, oil or gas refineries, oil or gas storage facilities, collieries, mines, quarries, power stations, aircraft, airports or locations where aircraft, hovercraft, watercraft or trains / trams are present	Yes / No		
Duct / ventilation cleaning	Yes / No		
Cleaning hospitals	Yes / No		
Cleaning of machinery or production lines in the food and drink preparation industry including abattoirs and slaughterhouses	Yes / No		
Prisons, police stations, scenes of crime and post death or suicide clean up	Yes / No		
Management or testing of customers water systems (Legionella exposure)	Yes / No		

Where the answer is 'Yes' to the above questions, please complete a separate Risk Questionnaire.

Mining, processing, manufacturing, removing, disposing of, distributing, testing for or storing of asbestos or products made entirely or mainly of asbestos or any work which requires you to hold a licence under the Control of Asbestos Regulations 2006	Yes / No
Chemicals, petrochemicals, oil, gas or other substances which could be harmful, other than substances that are normal for the business	Yes / No
Disposal of fumes, effluent or other harmful or hazardous waste	Yes / No
Overseas (including Northern Ireland) or work on offshore platforms including travel to and from or supply of goods outside the UK	Yes / No
Confined space cleaning including silo cleaning or furnace room cleaning	Yes / No
Cleaning laboratories (other than schools / colleges / university classrooms) or clean rooms	Yes / No
Work with Sharps	Yes / No
Cleaning of valuable artefacts or works of art in museums or the security or closing of galleries / museums	Yes / No
Cleaning of server rooms or data centres	Yes / No
The use of heat, e.g. welding / cutting, blow lamps, torches, hot air strippers etc	Yes / No
The use of high-pressure equipment above 10,000 psi or drain cleaning or ventilation cleaning	Yes / No
Portable appliance and electrical wiring testing or any other electrical work	Yes / No
Supply / installation / testing of kitchen equipment / supply of rebranded janitorial products / other chemical products / fire alarm installation / testing (other than alarm bell testing)	Yes / No
Pest Control	Yes / No
Eye Bolt testing and / or installation	Yes / No
Manufacture at own premises	Yes / No



Не	Health & Safety, Training and Accreditation				
a)	Do you employ an external Health & Safety of independent audit?	Yes / No			
	If so, please state which company				
b)	Do you have an internal qualified Health General Certificate qualification?	& Safety Manager with a minimum NEBOSH	Yes / No		
	If so, please state the qualifications held				
c)	Do you have written Training Records for a	Il employees?	Yes / No		
d)	Do you carry out risk assessments including statements provided to all relevant employed	Yes / No			
e)	Do you issue and record the use of persona	al protective equipment?	Yes / No		
f)	Is all work equipment tested and inspected	Yes / No			
g)	Do you utilise accredited training from BICS	Yes / No			
h)	Do you use any other external training prov	iders?	Yes / No		
	If so, please state which companies				
i)	Please detail any ISO Quality Standards				
j)	Please detail any Accreditations e.g. SAFEcontractor / CHAS				
k)	Please detail any Trade Association membership e.g. BICS, CSSA				



Cover Requirements

Employers Liability		
Cover Required		Yes / No
Standard Limit of Indemnity provided	£	10,000,000
If increased limit required – indicate amount	£	
Max number of employees at any one site	£	
If Employers Liability is insured please provide Employer Reference Number		

Public / Products Liability		
Cover Required?		Yes/ No
Standard Limit of Indemnity provided	£	5,000,000
If increased limit required – indicate amount	£	

Environmental Clean Up Costs		
Cover required?		Yes / No
Standard Limit of Indemnity provided	£	2,000,000

Loss of Keys		
Cover required?		Yes / No
Standard Limit of Indemnity provided	£	100,000

Professional Indemnity	
Cover Required?	Yes / No
Standard Limit of Indemnity (per occurrence and in the aggregate)	£
If increased limit required – indicate amount	£

Property All Risks				
Cover required?		Yes/No		
Buildings including landlord	s' fixtures & fittings therein and thereon	£		
Rent Payable	Indemnity Period (months)	12 £		
General Office Contents i equipment	omputer £			
4. Computer Equipment	4. Computer Equipment			
5. Trade plant, ladders, machi	£			
6. Stock and materials in trade	£			
7 Other places energy	a)	£		
7. Other please specify	b)	£		



Locations				
		Premises 1	Premises 2	Premises 3
Are the buildings constructed of brick, combustible materials and roofed with or asbestos with no more than 25% fe	Yes / No	Yes / No	Yes / No	
If 'No' please provide full details:				
The Premises are not occupied for any have a separate lockable entrance?	y other trade or business and	Yes / No	Yes / No	Yes / No
If 'No' please provide full details:				•
The Premises are not within 100 metr watercourse or the sea or have a his previous issues?		Yes / No	Yes / No	Yes / No
If ,'No' please provide full details:				
The Premises are not showing any sidemage by subsidence, heave or land		Yes / No	Yes / No	Yes / No
If 'No' please provide full details:				
The Premises are protected by an introduction maintenance contract in place?	ruder alarm with an annual	Yes / No	Yes / No	Yes / No
If 'Yes' what Type of Signalling?				
Loss of Business Money	Cover Required?			Yes / No
Money on Premises during Business Hours				£ 3,000
Money not on the Premises, in transit or in a bank night safe				£ 3,000

Money on Premises in a locked safe or strongroom out of Business Hours

Estimated annual Carryings

£

2,000



Business Interruption	Cov	er Required	1?		,	Yes / No
Estimated Annual Gross Profit						
Increased Cost of Working sum insured						
Loss of Rent Receivable						
Indemnity Period Required					1:	2 months
Terrorism		Cover Red	quired?		,	Yes / No
Fidelity Guarantee		Cover Required?			,	Yes / No
		Standard	Limit of Indemnity F	Provided	£	250,000
This Limit under this section is per o					£	50,000
Specified "All Risks"		Cover Required?			,	Yes / No
				Territorial Area (UK, EU or WW)		
1. Trade Plant Machinery & U					£	
2. Own Stock and Material in					£	
3. Customers' Goods held in	Irust				£	
Hired in Plant						
Maximum value any one item	,000 Estimated annual hiring charges			£		
Portable Electronic Computer Photographic & Telecommunications Equipment			£			
5.					£	
					£	
Total Sum Insured					£	
Full name and address of any oth	her party	with a fin	ancial interest in t	he property insured		
Non-Standard / Other Requireme	nts					
<u> </u>		r requireme	nte:			
Please provide details of any other	neeus ol	requireme	1110.			



Other Risk Considerations			
Please indicate if you would like quotations / more information on other insurance covers:			
Cyber / Data Risk	Yes / No		
Directors & Officers Liability	Yes / No		
Legal Expenses	Yes / No		
Motor Fleet	Yes / No		
Other: Please specify	Yes / No		

General Information						
Has the F	Yes / No					
If yes ple						
Date	Туре	Claim Details	Settled	Paid	Reserve	
If Proposer is currently insured please state:		Insurer:	Insurer:			
			Renewal [Renewal Date:		



Has the Proposer / Insured, any Director or Partner of the Business or its Subsidiary Companies:				
ever had any convictions for criminal offences or pendidishonesty, arson theft or any wilful damage, ever had a proinsurance cancelled, renewal refused or had special terms im disqualified from being a Company Director?	Yes / No			
ever been, either personally or in any business capacity decla been the subject of bankruptcy proceedings or insolvency pro	Yes / No			
been an owner or director of, or partner in, any business, cor went into administration, administrative receivership or liqu subject of any company and / or individual voluntary arrangem up order or an administrative order, in the last 10 years?	Yes / No			
In connection with the business:				
has the Insured or any Director of the business suffered any loss or had any claim made against them in the last 3 years, whether insured or not?				
has the Insured or any Director of the business been involved in any incidents that have resulted in an HSE investigation or prosecution?				
If 'Yes' please provide full details: Your answers to the above questions will be used by us selected market is suitable to quote for this risk.	to identify your demands & r	needs and to ensure the		
Signature of Proposer:	Name			
	T			
Position in Company:	Date:			

Important Notice:

Insurance policies contain various conditions that you must comply with in order for a claim to be dealt with by your insurers. If you fail to fulfil these conditions you may lose your right to indemnity or payment for a claim. A copy of the policy wording is available on our website www.darwinclayton.co.uk or upon request.



Notice to individual proposers (including sole traders) Insurance Companies (Third Insurance Directives) Regulations 1994

Law to be applied to the Contract

The parties are free to choose the Law applicable to this Insurance contract. Unless specifically agreed to the contrary, this Insurance shall be subject to English Law.

Complaints Procedure

It is the intention of your Insurers to provide a first class standard of service. If, however, you have any cause for complaint there is in place a procedure which you may care to use without prejudice to your right to take legal action against your Insurers.

You should, in the first instance, contact either your Insurance Broker or the Manager of the office of the Insurance Company that has issued your policy. Alternatively, you can write to the Chief Executive at the Company's Head Office, the address of which is shown on your Insurance policy.

Should you remain dissatisfied the following options are open to you:

- (a) If you are a private Policyholder, and the matter has not been resolved to your satisfaction by the Chief Executive of the Company, ask the Financial Ombudsman Service to review your case.
- (b) Contact the Association of British Insurers (ABI) for assistance.
- (c) You can approach The Financial Conduct Authority.
- (d) If your policy is arranged with Underwriters at Lloyds you may approach the Complaints and Advisory Department at Lloyd's.

Useful Addresses / Telephone Numbers

The Financial Ombudsman Service

South Quay Plaza 183 Marsh Wall London E14 9SR

Telepho0ne: 0800 023 4567

The Association of British Insurers

Consumer Information Department 51 Gresham Street London EC2V 7HQ

Quote: Consumer Information Department

Telephone: 020 7696 8999

The Financial Conduct Authority

25 The North Colonnade Canary Wharf London E14 5HS

Telephone: 0800 111 6768

Lloyds

Complaints & Advisory Department One Lime Street London EC3M 7HA

Telephone: 020 7327 1000

Darwin Clayton (UK) Limited is Authorised and Regulated by the Financial Conduct Authority