

## 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 INFORMATION

The Business: (Full name)	
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Include partners and trading names if not a limited Company

Address:			
Post Code:		Date established:	

Do you have additional Premises?	<b>Yes / No</b>	If Yes, please complete an additional premises sheet
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Occupation:			
Tel No:		Email:	
Contact:		Website:	
Renewal Date:		Current insurers:	
Do the Directors have at least 5 years' experience in the Cleaning Industry?		If 'No' please give details below	<b>Yes / No</b>

<b>ESTIMATES FOR THE NEXT 12 MONTHS</b>	
<b>Wage estimates (including payments to Labour only Sub-Contractors):</b>	
Clerical, Administration and Non-Manual including Directors	£
Height work (above 1m) including window, high level cleaning, gutter cleaning, abseiling and cradles	£
<b>Cleaning Activities:</b>	
<b>Shopping Centres and Supermarkets</b>	£
<b>Shop Office and Commercial</b> 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	£
<b>Industrial cleaning</b> (including builders clean, factory cleaning, refuse, stone, drain cleaning, pest control, kitchen cleans, machinery cleaning, production lines, fire and flood restoration, laboratories (other than bio-hazard, secure areas and animal testing).	£
<b>Duct and ventilation cleaning</b>	£
<b>All other cleaning</b>	£
Please provide details of all other activities undertaken:	
<b>Non-Cleaning Activities</b>	£
Please provide details of all other cleaning undertaken:	
Total Estimated Turnover	£
Turnover from sale of Janitorial Products	£
<b>Estimates / Payments to Bona Fide Sub-Contractors</b>	£
<b>Detail activities carried out:</b>	

<b>High Risk Premises and Activities</b>	
<b>Do you carry out work or does the business have any involvement with:-</b>	
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	<b>Yes / No</b>
Duct / ventilation cleaning	<b>Yes / No</b>
Cleaning hospitals	<b>Yes / No</b>
Cleaning of machinery or production lines in the food and drink preparation industry including abattoirs and slaughterhouses	<b>Yes / No</b>
Prisons, police stations, scenes of crime and post death or suicide clean up	<b>Yes / No</b>
Management or testing of customers water systems (Legionella exposure)	<b>Yes / No</b>

**Where the answer is 'Yes' to the above questions, please note we will require 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	<b>Yes / No</b>
Chemicals, petrochemicals, oil, gas or other substances which could be harmful, other than substances that are normal for the business	<b>Yes / No</b>
Disposal of fumes, effluent or other harmful or hazardous waste	<b>Yes / No</b>
Overseas (including Northern Ireland) or work on offshore platforms including travel to and from or supply of goods outside the UK	<b>Yes / No</b>
Confined space cleaning including silo cleaning or furnace room cleaning	<b>Yes / No</b>
Cleaning laboratories (other than schools / colleges / university classrooms) or clean rooms	<b>Yes / No</b>
Work with Sharps	<b>Yes / No</b>
Cleaning of valuable artefacts or works of art in museums or the security or closing of galleries / museums	<b>Yes / No</b>
Cleaning of server rooms or data centres	<b>Yes / No</b>
The use of heat, e.g. welding / cutting, blow lamps, torches, hot air strippers etc	<b>Yes / No</b>
The use of high-pressure equipment above 10,000 psi or drain cleaning or ventilation cleaning	<b>Yes / No</b>
Portable appliance and electrical wiring testing or any other electrical work	<b>Yes / No</b>
Supply / installation / testing of kitchen equipment / supply of rebranded janitorial products / other chemical products / fire alarm installation / testing (other than alarm bell testing)	<b>Yes / No</b>
Pest Control	<b>Yes / No</b>
Eye Bolt testing and / or installation	<b>Yes / No</b>
Manufacture at own premises	<b>Yes / No</b>
Fogging, Misting or similar method (if representing more than 20% of Turnover)	<b>Yes / No</b>

Where the answer is 'Yes' to the above questions, please provide additional information:

### Health & Safety, Training and Accreditation

a) Do you employ an external Health & Safety organisation or consultant that provides an annual independent audit?	Yes / No
If so, please state which company	
b) Do you have an internal qualified Health & Safety Manager with a minimum NEBOSH General Certificate qualification?	Yes / No
If so, please state the qualifications held	
c) Do you have written Training Records for all employees?	Yes / No
d) Do you carry out risk assessments including COSHH for all contracts with method statements provided to all relevant employees?	Yes / No
e) Do you issue and record the use of personal protective equipment?	Yes / No
f) Is all work equipment tested and inspected in accordance with current legislation?	Yes / No
g) Do you utilise accredited training from BICS?	Yes / No
h) Do you utilise accredited training from UhUb and have achieved 'Platinum or Diamond' standard?	Yes / No
i) Do you use any other external training providers?	Yes / No
If so, please state which companies	
j) Please detail any ISO Quality Standards	
k) Please detail any Accreditations e.g. SAFEcontractor / CHAS	
l) Please detail any Trade Association membership e.g. BICS, CSSA	



Locations			
	Premises 1	Premises 2	Premises 3
Are the buildings constructed of brick, stone, concrete or other non-combustible materials and roofed with slate, tiles, concrete, metal or asbestos with no more than 25% felt roof?	Yes / No	Yes / No	Yes / No
If 'No' please provide full details:			

The Premises are not occupied for any other trade or business and have a separate lockable entrance?	Yes / No	Yes / No	Yes / No
If 'No' please provide full details:			

The Premises are not within 100 metres of any river, lake, or other watercourse or the sea or have a history of flooding, or have had previous issues?	Yes / No	Yes / No	Yes / No
If 'No' please provide full details:			

The Premises are not showing any signs or existing or previous damage by subsidence, heave or landslip?	Yes / No	Yes / No	Yes / No
If 'No' please provide full details:			

The Premises are protected by an intruder alarm with an annual maintenance contract in place?	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	£	2,000
Estimated annual Carryings		

<b>Business Interruption</b>	Cover Required?	Yes / No
Estimated Annual Gross Profit		£
Increased Cost of Working sum insured		£
Loss of Rent Receivable		£
Indemnity Period Required		<b>12 months</b>

<b>Terrorism</b>	Cover Required?	Yes / No
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<b>Fidelity Guarantee</b>	Cover Required?	Yes / No
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Standard Limit of Indemnity Provided	£	<b>250,000</b>
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This Limit under this section is per occurrence and in the aggregate. In respect of claims involving the misuse of telephones the limit is	£	<b>50,000</b>
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<b>Specified "All Risks"</b>	Cover Required?	Yes / No
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	Territorial Area (UK, EU or WW)	
1. Trade Plant Machinery & Utensils		£
2. Own Stock and Material in Trade		£
3. Customers' Goods held in Trust		£

Hired in Plant			
Maximum value any one item	<b>£100,000</b>	Estimated annual hiring charges	£
4. Portable Electronic Computer Photographic & Telecommunications Equipment			£
5.			£
			£

Total Sum Insured	£
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<b>Full name and address of any other party with a financial interest in the property insured</b>

<b>Non-Standard / Other Requirements</b>
Please provide details of any other needs or requirements:

<b>Other Risk Considerations</b>	
Please indicate if you would like quotations / more information on other insurance covers:	
Directors & Officers Liability	<b>Yes / No</b>
Legal Expenses	<b>Yes / No</b>
Other: Please specify	<b>Yes / No</b>

<b>General Information</b>					
Has the Proposer in the past 3 years had any claims under any section they are proposing?					<b>Yes / No</b>
<b>If yes please provide details, including costs involved</b>					
<b>Date</b>	<b>Type</b>	<b>Claim Details</b>	<b>Settled</b>	<b>Paid</b>	<b>Reserve</b>



<b>Has the Proposer / Insured, any Director or Partner of the Business or its Subsidiary Companies:</b>	
ever had any convictions for criminal offences or pending prosecutions involving dishonesty, arson theft or any wilful damage, ever had a proposal declined or had any insurance cancelled, renewal refused or had special terms imposed, and has never been disqualified from being a Company Director?	<b>Yes / No</b>
ever been, either personally or in any business capacity declared bankrupt or insolvent or been the subject of bankruptcy proceedings or insolvency proceedings?	<b>Yes / No</b>
been an owner or director of, or partner in, any business, company or partnership which went into administration, administrative receivership or liquidations, and / or was the subject of any company and / or individual voluntary arrangement with creditors, a winding up order or an administrative order, in the last 10 years?	<b>Yes / No</b>
<b>In connection with the business:</b>	
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?	<b>Yes / No</b>
has the Insured or any Director of the business been involved in any incidents that have resulted in an HSE investigation or prosecution?	<b>Yes / No</b>
<b>If 'Yes' please provide full details:</b>	

**Your answers to the above questions will be used by us to identify your demands & needs and to ensure the selected market is suitable to quote for this risk.**

<b>Signature of Proposer:</b>	<b>Name</b>
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<b>Position in Company:</b>	<b>Date:</b>
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<p><b><u>Important Notice:</u></b></p> <p>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 <a href="http://www.darwinclayton.co.uk">www.darwinclayton.co.uk</a> or upon request.</p>
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**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

**Telephone: 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**