

Facilities Management Combined - 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) | |
|-------------------------------------|--|

Include partners and trading names if not a limited Company

| | | | |
|-------------------|--|--------------------------|--|
| Address: | | | |
| Post Code: | | Date Established: | |

| | | | |
|---|-----|----|--|
| Do you have additional Premises? | Yes | No | If Yes, please complete an additional premises sheet |
|---|-----|----|--|

| | | | |
|----------------------|--|--------------------------|--|
| Occupation: | | | |
| Tel No: | | Email: | |
| Contact: | | Website: | |
| Renewal Date: | | Current Insurers: | |

| | | |
|--|-----------------------------------|----------|
| Do the Directors have at least 5 years' experience in the Facilities Management 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 | £ |
| Cleaning Activities: | |
| Height Work (above 1m) including Window, Gutter, High Level Cleaning, Abseiling & Cradles | £ |
| 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 flood restoration, laboratories (other than bio-hazard, secure areas and animal testing). | £ |
| Duct and Ventilation Cleaning | £ |
| All Other Cleaning | £ |
| Please provide details of all activities undertaken: | |
| Security Activities: | |
| Static and Mobile Security Guards | £ |
| Door Supervisors / Events | £ |
| Monitoring | £ |
| Installation / Maintenance | £ |
| Consultancy where a separate fee is charged | £ |
| Non-Licensable Activities | £ |
| Please provide details of all other activities undertaken: | |
| Do you use Dogs | Yes No |
| Number of Dogs | |

| In Respect of Security Activities - Approximate percentage split of your contracts involving: | | | |
|--|---|---------------------------------------|---|
| Guarding Contracts | | | |
| Offices | % | Warehouses and Factories | % |
| Retail | % | Vehicle Compounds &/or Building Sites | % |
| Door / Event Supervision | | | |
| Door Supervisors | % | Events | % |
| Monitoring - CCTV & Alarms | % | | |
| Keyholding | % | | |
| Installation | | | |
| Intruder Alarms | % | CCTV / Access Control | % |
| Fire Alarms | % | Locks, Safes and Grilles | % |
| Non-Licensable Activities | | | |
| Maintenance | % | Temperature Monitoring | % |
| Weighbridge Duties | % | Traffic Marshalling | % |
| Gritting & Salting | % | Parcels & Postal Work | % |
| Consultancy where separate fee is charged | % | | |
| Other – please provide details including %'s: | | | |
| All Other Activities | | | £ |
| Please provide details of all other activities undertaken: | | | |
| Total Estimated Turnover from Cleaning Activities: | | | £ |
| Turnover from Sale of Janitorial Products: | | | £ |
| Total Estimated Turnover from Security Activities: | | | £ |
| Total Estimated Turnover from All Other Activities: | | | £ |
| Estimates / Payments to Bona Fide Sub-Contractors | | | £ |
| Detail 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 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 | 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 |
| Fogging, Misting or similar method (if representing more than 20% of Turnover) | Yes | No |
| 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) In respect of Security activities do you vet all staff to BS7858? | Yes | No |
| j) In respect of Security activities are you an SIA approved contractor? | Yes | No |
| k) Do you use any other external training providers? | Yes | No |
| If so, please state which companies: | | |
| l) Please detail any ISO Quality Standards | | |
| m) Please detail any Accreditations e.g. SAFEcontractor / CHAS | | |
| n) Please detail any Trade Association membership e.g. BICS, CSSA | | |

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|---------------------------|
| Cover Requirements |
|---------------------------|

| | |
|---|--------|
| Employers Liability | |
| Cover Required? | Yes No |
| Indemnity Limit required (standard limit: £10,000,000) | £ |
| 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 |
| Indemnity Limit Required | £ |
| Cover will include Extensions for: Loss of Keys (£100k), Wrongful Arrest (£5m), Financial Loss (£1m) and Fidelity Bonding (£250K any one Employee, £500k in all). Please advise if any increased limits are required. | |

| | |
|---|--------|
| Environmental Clean Up Costs | |
| Cover Required? | Yes No |
| Indemnity Limit Required (Standard Limit: £2,000,000) | £ |

| | |
|---|--------|
| Legionellosis | |
| Cover Required? | Yes No |
| Indemnity Limit Required (Standard Limit: £2,000,000) | £ |

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|---|--------|
| Inefficacy & Contractual Liability | |
| Cover Required? | Yes No |
| Indemnity Limit Required (Standard Limit: £5,000,000) | £ |

| | |
|--|--------|
| Customers Money | |
| Cover Required? | Yes No |
| Indemnity Limit Required (Standard Limit: £10,000) | £ |

| Professional Indemnity | |
|---|---------------|
| Cover Required? | Yes No |
| Indemnity Limit Required (Standard Limit: £250,000) | £ |

| Fidelity Guarantee | |
|---|---------------|
| Cover Required? | Yes No |
| Indemnity Limit Required (Standard Limit: £250,000) | £ |

| Property All Risks (if multiple premises please complete this page for each location) | |
|---|---|
| Cover Required? | Yes No |
| Risk Address: | |
| 1. Buildings including Landlords' Fixtures & Fittings therein and thereon | £ |
| 2. Rent Payable | Indemnity Period (Months) 12 24 36 £ |
| 3. General Office Contents including Tenants Improvements but excluding Computer Equipment | £ |
| 4. Computer Equipment | £ |
| 5. Trade Plant, Ladders, Machinery and Utensils | £ |
| 6. Stock and Materials in Trade | £ |
| 7. Other please specify | a) £ |
| | b) £ |
| 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 |
| The Premises are not occupied for any other trade or business and have a separate lockable entrance? | Yes No |
| 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 |
| The Premises are not showing any signs or existing or previous damage by subsidence, heave or landslip? | Yes No |
| The Premises are protected by an intruder alarm with an annual maintenance contract in place? | Yes No |

| 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 | | | |

| Business Interruption | Cover Required? | Yes | No |
|---------------------------------------|---------------------------|-----|-------|
| Estimated Annual Gross Profit | | £ | |
| Increased Cost of Working Sum Insured | | £ | |
| Loss of Rent Receivable | Indemnity Period (Months) | 12 | 24 36 |
| | | £ | |

| Terrorism | Cover Required? | Yes | No |
|------------------|-----------------|-----|----|
| | | | |

| Specified "All Risks" | Cover Required? | Yes | No |
|---|---|-----|-------|
| 1. Trade Plant Machinery & Utensils | | £ | |
| 2. Own Stock and Material in Trade | | £ | |
| 3. Customers' Goods held in Trust | | £ | |
| 4. Hired in Plant - Maximum value any one item | | £ | |
| Estimated Annual Hiring Charges | | £ | |
| 5. Portable Electronic Computer Photographic & Telecommunications Equipment | Territorial Area (UK, EU or Worldwide) | UK | EU WW |
| | | £ | |
| 6. | Other: | | £ |
| | Other: | | £ |

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| Full Name and Address of any other party with a financial interest in the property insured |
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| Non-Standard / Other Requirements |
| Please provide details of any other needs or requirements: |
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|--|-----------------|
| Other Risk Considerations | |
| Please indicate if you would like quotations / more information on other insurance covers: | |
| Management Liability | Yes No |
| Legal Expenses | Yes No |
| Other: Please specify | Yes No |
| | |

| General Information | | | | | |
|---|------|---------------|---------|------|-----------------|
| Has the Proposer in the past 5 years had any claims under any section they are proposing? | | | | | Yes No |
| If yes please provide details, including costs involved | | | | | |
| Date | Type | Claim Details | Settled | Paid | Reserve |
| | | | | | |
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| Has the Proposer / Insured, any Director or Partner of the Business or its Subsidiary Companies: | |
|---|---------------|
| 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? | Yes No |
| ever been, either personally or in any business capacity declared bankrupt or insolvent or been the subject of bankruptcy proceedings or insolvency proceedings in the UK, Channel Islands, Isle of Man or the equivalent in any other country in the last 10 years? | Yes No |
| 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? | Yes No |
| been the subject of a Country Court Judgement (or Scottish, Northern Ireland, Channel Islands, Isle of Man or EU equivalent) in the last 6 years? | Yes No |
| been convicted or charged (but not yet tried) with or officially cautioned for a breach of any Health and Safety or Welfare of Environmental Protection legislation or been served with a prohibition or improvement order under health and safety legislation? | Yes No |
| has the Insured or any Director of the business been involved in any incidents that have resulted in an HSE investigation or prosecution? | Yes No |
| made any insurance claim, been claimed against or suffered any event or loss which may lead to a claim for any of the covers provided by this policy (whether previously insured or not) in the last 5 years? | Yes No |

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.

| | |
|-------------------------------|-------------|
| Signature of Proposer: | Name |
|-------------------------------|-------------|

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|-----------------------------|--------------|
| Position in Company: | Date: |
|-----------------------------|--------------|

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| <p>Important Notice:</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 www.darwinclayton.co.uk 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 Financial Conduct Authority

25 The North Colonnade
Canary Wharf
London
E14 5HS
Telephone: 0800 111 6768

The Association of British Insurers

Consumer Information Department
51 Gresham Street
London EC2V 7HQ
Quote: Consumer Information Department
Telephone: 020 7696 8999

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