



INNOVATIVE INSURANCE

## PROPOSAL FORM

### THE CLEANING INDUSTRY



# 1) PROPOSER DETAILS

Full Name of Proposer including all trading names, group companies and subsidiaries that are to covered by the policy

Address

Tel No:

Fax:

Website Address

Email Address

Contact Name

Date Established

Date Insurance to Commence

Business Description

How long have you been at this address?

Are you the member of any trade association?

If yes, please provide details, including membership number

Please list the names, dates of birth and background of all the Company Directors/Partners

If you require Employers' Liability cover, please supply your Employer PAYE Reference(s). (This information is required for us to provide Employers' Liability cover. Where you have more than one PAYE Reference, please advise each one making it clear which company they apply to)

If you do not have a PAYE Reference, please confirm that you are exempt and give the reason.

How many persons do you employ?

## 2) EMPLOYERS' LIABILITY

Do you require this cover?

YES	NO
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We will automatically provide you with a limit of £10,000,000.

If an increased limit of required please indicate

£
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## 3) PUBLIC LIABILITY

a) Please indicate limit of indemnity required:

£1,000,000

YES	NO
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£2,000,000

YES	NO
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£5,000,000

YES	NO
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Other limit (Please state)

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

YES	NO
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If 'YES' please give details:

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c) What is your estimated turnover for the supply 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 Principles 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 and by means of reach/wash systems		£	£	£	£
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 e.g. 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					
			£	£	£	£
			£	£	£	£
			£	£	£	£
	<b>TOTALS</b>		<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>

Estimated gross company turnover for the next 12 months (excluding sales of Janitorial products)

£

Estimated gross turnover in respect of Janitorial Products sold

£

**Do you always ensure that Independent Contractors (Bona Fide Sub Contractors) 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 terminal areas), aeroplanes, oil, petrol, gas or chemical storage tanks, offshore gas or oil installations, gas or chemical works, nuclear 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' to any of the above 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 in Question 4 above.

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

YES	NO
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- b) Security of your clients’ premises? 

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

YES	NO
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**7) LOSS OF KEYS**

Do you require this cover? 

YES	NO
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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
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If cover is required, please complete the following questions:

- a) 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
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If ‘YES’ please provide full details 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 attached a separate sheet if more space is needed).

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

YES	NO
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If 'YES' please provide full details, including the number of redundancies envisaged:

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

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- d) Do you recognise or negotiate with a trade union?

YES	NO
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## 9) MISUSE OF CUSTOMERS' TELEPHONES

- a) Do you require this cover?

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

YES	NO
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- e) Are all employees issued with adequate protective clothing e.g. overalls, gloves etc?

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

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

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

YES	NO
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- h) Have you ever been prosecuted under any Health and Safety Regulations or Factory Acts?

YES	NO
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If 'YES' please give details:

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### 11) INSURANCE HISTORY

a) 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
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If 'YES' please give details:

DATE	BRIEF DETAILS OF CLAIM	AMOUNT PAID	AMOUNT OUTSTANDING
		£	£
		£	£
		£	£
		£	£

b) Are you insured at present?

YES	NO
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If 'YES', please state below:

i) Name of Insurer:

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ii) Policy Number:

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iii) Renewal Date:

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

YES	NO
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If 'YES' please provide details below:

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

YES	NO
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If 'YES' to any of the above, please give details:

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e) Has your company or any principle, 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
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## 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.

## 3<sup>RD</sup> 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	NO
YES	NO
YES	NO
YES	NO

**DIRECTORS AND OFFICERS INSURANCE**

**PROFESSIONAL INDEMNITY**

**MOTOR FLEET INSURANCE**



# CAMBERFORD LAW PLC

## HEAD OFFICE:

Lygon House  
50 London Road  
Bromley, Kent  
BR1 3RA

## CITY OFFICE:

2 Royal Exchange  
London  
EC3V 3DG

T 020 8315 5000  
F 020 8460 2118  
@ [cleaning@camberfordlaw.com](mailto:cleaning@camberfordlaw.com)

[www.camberfordlaw.com/cleaning](http://www.camberfordlaw.com/cleaning)