

CLEANING CONTRACTORS

PROPOSAL FORM



UNDERWRITTEN BY



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 declared 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 of Proposer
(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:

5. Date Company established:

6. If trading for less than 12 months, please provide full details of the relevant experience of the directors/principals, including the names of the previous companies worked for:

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

YOUR BUSINESS

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

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

YOUR BUSINESS PLANS

9. For the types of cleaning and other work shown in the table below please add:
- The estimated wages (including overtime and any bonuses) for principals, directors partners and employees (this includes labour only sub- contractors) for the next 12 months.
 - The estimated payments to bona-fide sub contractors (BFSC) for the next 12 months.

Type of Work	Directors Principals, and Partners (£)	Employees (£)	BFSC (£)
Category A Clerical or managerial (not involved in any cleaning or other manual work)			
Category B Cleaning private dwellings, offices, doctors, dentists, cafes, takeaways, restaurants, pubs, clubs and retail premises (excluding supermarkets and shopping centres). Including carpet and upholstery cleaning.			
Category C Cleaning supermarkets, shopping centres, hotels, kitchens (excluding ducting), schools, universities, hospitals, care homes, builders cleans, factories or other industrial premises. Pressure washing at pressure not greater than 1750 PSI and graffiti removal.			
Category D Window cleaning at ground level (excluding use of ladders), including cleaning by "pole system"			
Category E Window cleaning above ground level.			
Category F Cleaning using abseiling, rope access, slings or cradles.			
Category G Pressure washing at a pressure greater than 1,750 PSI but less than 10,000 PSI			
Category H - Non Cleaning General maintenance, painting and decorating, caretakers, gardening, warehousemen, fork lift drivers, delivery drivers and porters.			
Any other work, please provide full details;			

Estimated total turnover for the next 12 months

£

Total Number of Employees

Do you sell cleaning or other products?

YES

NO

If yes please:

a) state estimated turnover for next 12 months

£

b) describe the products sold and their main uses

YOUR INSURANCE REQUIREMENTS

10. 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="text"/>
w failure to perform (inefficacy)	<input type="text"/>	<input type="text"/>	£2m	<input type="text"/>
w deliberate acts			£5m	<input type="text"/>
w treatment risks			other	£ <input type="text"/> m
w failure to secure premises				
w incorrect destruction of goods				
w damage to property being worked upon				
w damage to third party plant whilst being operated				

b) Employers' Liability

YES NO £10,000,000

Optional Extensions:

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

higher limits are available on request

YOUR HEALTH & SAFETY PROCEDURES

	tick boxes			
	YES	NO		
11. a) Do you have a written Health & Safety Policy as required by the 1974 Health & Safety at Work Act?	<input type="text"/>	<input checked="" type="text"/>		
Please state the name & position of the person responsible for this	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Name:</td> <td style="width: 50%;">Position:</td> </tr> </table>		Name:	Position:
Name:	Position:			
b) Do you have adequate procedures in force to fully train & supervise employees?	<input type="text"/>	<input checked="" type="text"/>		
c) Is all equipment tested & inspected in accordance with current legislation?	<input type="text"/>	<input checked="" type="text"/>		
d) Are all employees issued with adequate protective clothing, such as gloves and aprons and do employees sign to confirm receipt?	<input type="text"/>	<input checked="" type="text"/>		
e) Are risk assessments carried out for all contracts and method statements provided to all employees?	<input type="text"/>	<input checked="" type="text"/>		
f) 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="text"/>	<input checked="" type="text"/>		
g) If there is any use of ladders OR any work over 10 metres a supplementary Height Work Questionnaire is required. Please tick to confirm that you have completed this. (if you do not have this please contact us)	<input type="text"/>	<input checked="" type="text"/>		
h) 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="text"/>	<input type="text"/>		
i) Do you carry out COSHH assessments?	<input type="text"/>	<input checked="" type="text"/>		

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

GENERAL QUESTIONS

12. Employee Vetting

tick boxes

YES

NO

- Do you conduct an interview with all prospective employees?
- Do you obtain proof of the employees address?
- Are a minimum of two written references obtained?

If you have answered No to any of the above, please provide an explanation why not below:

13. a) Do you engage Bona-Fide Subcontractors?

tick boxes

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?

(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)

14. Do you carry out work:

tick boxes

YES

NO

- a) which involves the use of use of welding, flame cutting equipment, blowlamps or hot air strippers (away from your own premises)?
- b) on board ships or offshore installations? (If Offshore a Separate Questionnaire is needed)
- c) at power stations, chemical, gas, nuclear or oil plants or installations?
- d) within 5 metres of railway tracks?
- e) outside Great Britain? (please specify which countries below)
- f) in Northern Ireland?
- g) boiler and tank cleaning?
- h) duct or drain cleaning?
- i) machinery cleaning?
- j) removal of clinical waste or sharps and needles?
- k) hospital cleaning in theatres/wards/recovery rooms?
- l) stone cleaning, shot and sandblasting?
- m) pressure washing at a pressure greater than 10,000 PSI?
- n) airside? (Separate Questionnaire needed)

If you have answered "Yes" to any of the shaded boxes in question 14 please provide full details below:

Type of Work	Directors Principals, and Partners (£)	Employees (£)	BFSC (£)
i)			
ii)			
iii)			
iv)			
v)			

15. Loss of Keys Extension

If you have opted for this extension please advise:

- who are the keyholders

- how are the keys kept safe:

a) whilst in possession of employees

b) whilst kept at your premises

Please confirm that the keys cannot be identified to the customers premises

YES NO

16. 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

17. 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

18. 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 £
/			
/			
/			
/			
/			

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

If **YES**, please provide full details

20. Have you or any director or partner ever:

- w 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?
- w been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence?
- w been concerned with any business which has been wound up, liquidated, dissolved or ceased to trade?

YES NO

If **YES** to any of the above please provide full details

21. Name of Last/Present Insurer:	<input type="text"/>	THIS MUST BE PROVIDED
Policy Number(s)	<input type="text"/>	THIS MUST BE PROVIDED
Expiry Date of current Policy	<input type="text" value=" \ \"/>	
Expiring Premium	<input type="text" value="£"/>	

IMPORTANT

It is understood and agreed that we may hold documents relating to this insurance and any claims under it in electronic form and may destroy the originals. An electronic copy of any such document will be admissible in evidence to the same extent as, and carry the same weight as, the original.

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 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:

This proposal must be signed by an authorised representative of the company such as a Partner, Director or Company Secretary.

DATE:

FOR OFFICE USE ONLY

CHECKED BY:

DATE:



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