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INNOVATIVE INSURANCE

PROPOSAL FORM

Cleaning Industry Insurance

Underwriting Agent . Lloyd's Broker

Registered Office: 50 Fenchurch Street, London. EC3M 3JY. Registered No. 608819 in England and Wales
Authorised and Regulated by the Financial Conduct Authority : FRN 121476

CONTENTS

SECTION	PAGE
1. IMPORTANT INFORMATION & DATA PROTECTION	3
2. CONTACT INFORMATION	4
3. PROPOSER DETAILS	5
4. BUSINESS ACTIVITIES	6
5. GENERAL QUESTIONS	7
6. PREMISES	8
7. INSURANCE PRODUCTS	
7.1 Property and Business Interruption	9
7.2 Contract Works and Plant	12
7.3 Legal Liability	13
7.4 Professional Indemnity	16
7.5 Directors & Officers Liability	18
7.6 Legal Expenses	19
8. CLAIMS HISTORY	20
9. DECLARATION	21

1. IMPORTANT INFORMATION

1.1 Important Information

Please answer all of our questions.

Completing this form does not oblige us to agree to provide insurance to you, nor you to accept any quotation(s) we offer.

Should we accept your proposal, our acceptance will be based on the information presented to us being a fair presentation of you, your property and your business.

It is important that you understand that Insurers may treat policies as if they had never existed and decline all claims if you provide false or misleading information, withhold important information or fail to advise of any change to the information you have provided.

Please note that 'You' or 'Your' in the context of these questions and this proposal means the person(s) named as Proposer and/or any other director or partner of the named Proposer.

Unless you advise us otherwise, policy documents will be issued by email.

1.2 Data Protection

Your information will be treated in accordance with the Data Protection Act 1998 and only shared where permitted by law or regulation.

In the course of administering your insurance, your information may be passed to other companies, including but not limited to:

Insurance companies

Insurance brokers

Loss Adjusters

Solicitors

Premium Finance providers

Fraud prevention and detection agencies and operators of associated databases (for example CUE – the Claims and Underwriting Exchange).

Under the Data Protection Act you have the right to see any personal information held about you. Should you want to see this information please contact our Data Protection Officer at:

Camberford Law plc
Lygon House
50 London Road
Bromley
Kent
BR1 3RA

Email: dataprotection@camberfordlaw.com
Telephone: 020 8315 5000

Please note that a fee of £10 will be charged to cover the administrative cost of compiling your information.

We may use your information to advise you about other products and services that we, or carefully selected third parties, feel may be of interest to you. If you would prefer that we do not do this, please contact the Compliance Officer.

2. CONTACT INFORMATION

2.1 Name of insurance broker (if any) making this declaration of facts:

2.2 Name of person providing information within this form:

2.3 Contact Email:

2.4 Contact Telephone Number:

3. PROPOSER DETAILS

3.1 Proposer(s):

Full name of Proposer including trading name. Also include any/all subsidiary companies to be included.

--

3.2 Individual Name(s):

Please list the names and date of births of all Directors and/or Partners of the Proposer(s):

Name:	Date of Birth:

3.3 Correspondence Address:

Full postal (correspondence) address:

Post Code:

3.4 Years Established:

Number of years the proposer has been established:

--

3.5 Years Experience:

Number of years experience of the proposer within your business activities:

--

3.6 FCA Classification:

Please complete the following information which we must have for regulatory classification.

Does the Proposer's annual turnover exceed EUR 2,000,000?	YES/NO
What is the total number of full time employees of the Proposer?	

4. BUSINESS ACTIVITIES

4.1 The Business description for the proposed policy will be **Cleaning Contractor** plus any activity you state as part of the business within the Liability part of this form.

If this is not an accurate reflection of your business, or you require a different business description, please state this in the box below:

5. GENERAL QUESTIONS

5.1 **Current Insurance** Present Insurance Broker:

Please provide details of your current Insurer: Present Insurer:

Renewal Date:

Premium: £

5.2 Please read the following questions and state if they are true in respect of this proposal.

Have you, or any director of your company, ever:

Had a proposal for insurance declined?

Had special conditions imposed onto an insurance policy or a policy cancelled?

Had a claim rejected by an insurer?

Had any criminal convictions (other than minor motoring offences) that are not yet spent or do you have any prosecution pending?

Been the subject of a County Court Judgement (or Scottish equivalent) or been declared bankrupt or insolvent or placed under administration?

Had an arson or suspected arson event, whether insured or not, at any property owned in part or in full by You or which you have occupied at the time of such event?

5.3 Financial Status and History of the proposer:

Are you currently trading at a loss or do you have debts that you may not be capable of servicing?

5.4 Does the proposer only undertake work within the United Kingdom, the Isle of Man, and the Channel Islands?

5.5 Does the proposer undertake any work in Northern Ireland?

5.6 Please use the box below to detail any further information:

6. PREMISES

6.1 Please list the full address of any Premises to be insured:

(if property is not being insured, please still list the locations from which you trade)

Premises 1:

Post Code:

Premises 2:

Post Code:

Premises 3:

Post Code:

Premises 4:

Post Code:

7. INSURANCE PRODUCTS

7.1.1 PROPERTY AND BUSINESS INTERRUPTION

Please complete the table to provide details of the cover you require:

SECTION	SUM INSURED			
	Premises 1	Premises 2	Premises 3	Premises 4
Buildings (including fixed glass, landlord's fixtures/fittings, outside walls, gates and fences)	£	£	£	£
If there is an area of flat roofing, please state the approximate percentage	%	%	%	%
Stock and Materials in Trade	£	£	£	£
All Other Contents (including fixtures & fittings, machinery, plant, tenants improvements and computers)	£	£	£	£
Day One Uplift. Do you wish to have the Sum Insured for Buildings and Contents adjusted by up to 15% in the event that costs of reinstatement or repair escalate between the date of loss or damage and the eventual settlement date?	YES/NO	YES/NO	YES/NO	YES/NO
Rent Payable	£	£	£	£
Indemnity Period (Rent Payable)	12/24/36 Months	12/24/36 Months	12/24/36 Months	12/24/36 Months
Business Interruption (Gross Profit)	£	£	£	£
Indemnity Period (Gross Profit)	12/24/36 Months	12/24/36 Months	12/24/36 Months	12/24/36 Months
Additional Increased Cost of Working	£	£	£	£
Rent Receivable	£	£	£	£
Indemnity Period (Rent Receivable)	12/24/36 Months	12/24/36 Months	12/24/36 Months	12/24/36 Months

INNOVATIVE INSURANCE

7.1.2 General Property Sections (not premises specific)

Goods in Transit

Included automatically at £1,000. Only state an alternative amount if you require a limit higher than this.

All Risks to General Business Equipment

All Risks to Laptops & Mobile Phones

Fidelity Guarantee (Theft by Employees). **Maximum £100,000**

Money in Safe or Strongroom in the Premises
(State the highest amount required at any one premises.)

Money in Transit or Bank Night Safe

Book Debts

Included automatically at £5,000. Only state an alternative amount if you require a limit higher than this.

Stock Deterioration following Refrigeration Breakdown

Included automatically at £1,500. Only state an alternative amount if you require a limit higher than this.

Computer Equipment Breakdown at the Premises. **Maximum £50,000**

Computer Equipment Breakdown Increased Cost of Working. **Maximum £25,000**

7.1.3 Buildings/Construction (please answer the following questions in respect of this proposal)

Are the Premises constructed of brick and/or stone walls with slate, tile, felt, or concrete roof?

Do any Premises have a flat roofed area exceeding 25% of its total?

Are any premises an individual flat or tenement building?

Do any of the Premises contain any composite panels?

Is any premises listed?

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7.1.4 Subsidence (please answer the following questions in respect of this proposal)

Are all Premises free from signs of damage which may be attributable to Subsidence, Landslip or Heave? YES/NO

Are any Premises being monitored or has it previously been monitored for Subsidence, Landslip or Heave – or actually incurred damage from Subsidence, Landslip or Heave? YES/NO

7.1.5 Flood (is any Premises in a flood plain or area that has previously flooded?)

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

7.1.6 Storage of Products (Are all goods, products, and equipment stored in accordance with manufacturer’s guidance?)

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

7.1.7 Security (please complete the table to provide details of the security protections in effect at each premises)

	Premises 1	Premises 2	Premises 3	Premises 4
Intruder Alarm	YES/NO	YES/NO	YES/NO	YES/NO
CCTV	YES/NO	YES/NO	YES/NO	YES/NO
Gated Unit	YES/NO	YES/NO	YES/NO	YES/NO
24 Hour or Overnight Manned Security	YES/NO	YES/NO	YES/NO	YES/NO
Roller Shutters to all external leading doors, shop front and other large glass external facing areas	YES/NO	YES/NO	YES/NO	YES/NO

7.1.8 Age of Buildings and Number of Storeys (please complete the table to confirm the Age and number of storeys in respect of each premises to be insured)

	Premises 1	Premises 2	Premises 3	Premises 4
Year Built				
Number of Storeys				

7.1.9 Terrorism. Do you require Terrorism Cover? YES/NO

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7.2 CONTRACT WORKS AND PLANT

7.2.1 Please complete the following table to detail the Contract Works and/or Contractors Plant cover you require.

Owned Plant £

Hired in Plant £
(State the Any One Occurrence/Accident Limit)

Hiring Charges £
(Estimate for the next 12 months). Hired in plant cover is not available unless this information is provided.

Continuing Hire Charges £
(This is automatically included where Hired in Plant is insured. You must include the values of Continuing Hire Charges in the Hired in Plant Sum Insured).

Employees Tools and Effects £
(Limited to £500 per Employee)

Contract Works £
(State the maximum value of any one contract). Maximum Contract Period is 12 months. Please contact us if this is insufficient.

Turnover £
(You must state estimated turnover if Contract Works cover required).

7.3 LEGAL LIABILITY

7.3.1 Trade Association

Are you a member of any Trade Association?

British Institute of Cleaning Science	YES/NO
Cleaning and Support Services Association	YES/NO
National Carpet Cleaning Association	YES/NO

7.3.2 Wageroll & Turnover

Please complete the table to detail annual wages, employee numbers and percentage splits for your contacts in the following categories.

Please include all labour only sub-contractors (self employed individuals):

	Number of Employees	Estimated Annual Wageroll	Estimated Annual Turnover
Clerical and Administrative Staff			
Window cleaning at ground level and by means of reach/wash systems			
Window cleaning working up to 10 metres in height			
Window cleaning working above 10 metres in height including abseiling			
Cleaning at Shopping Centres			
Cleaning at Offices, Sports/Leisure Facilities, Pubs and Domestic			
Cleaning at Schools, Hospitals, and Surgeries			
Cleaning at Factories excluding Cleaning of Machinery			
Cleaning of Industrial Machinery or Plant			
Cleaning of Carpets and Upholstery			
Cleaning of Ducting, Cooking Ranges and Kitchen Deep Cleans			
Builders Cleans (internal only)			
Builders Cleans (External only)			
Fire and Flood Restoration Cleaning			
Sale/Supply of Janitorial Products			
Pressure Washing			
Caretaking, Gardening, Painting and Decorating and General Maintenance			
Drain Cleaners (excluding work requiring breathing apparatus)			
Pest Control (excluding use of firearms)			
Other Work			

INNOVATIVE INSURANCE

7.3.3 Do you, or are you likely to, undertake any work:	Airside	YES/NO
	Offshore	YES/NO
	Trackside	YES/NO

7.3.4 Do you, or are you likely to, undertake any work involving:	Stone, Tank or Boiler Cleaning or the use of High Pressure Equipment	YES/NO
	Handling, Storage or Removal of Licensed or other Hazardous Waste	YES/NO
	Erection of Dismantling of Scaffolding	YES/NO
	The Felling or Lopping of Trees	YES/NO

7.3.5 Hazardous Locations

Do you, or are you likely to, undertake any work in any of the following locations?

Power Stations	YES/NO
Oil Refineries	YES/NO
Chemical/Gas Works	YES/NO
Animal Laboratory Sites	YES/NO
Prisons	YES/NO
Detention Sites	YES/NO
Landfill Sites	YES/NO
Embassies	YES/NO
MOD work	YES/NO
Watercraft	YES/NO
Docks	YES/NO
Harbours	YES/NO
Wharves	YES/NO
Aircraft	YES/NO
Airports	YES/NO
Air Fields	YES/NO
Trains	YES/NO
Railway Property including Platforms or Stations	YES/NO
Boatyards or inland waterways	YES/NO
Amusement Parks, stadia or spectator stands	YES/NO
Quarries	YES/NO
Bridges or Dams	YES/NO
Towers, Steeples or Chimney Shafts	YES/NO
Tunnels or Sewers	YES/NO

INNOVATIVE INSURANCE

7.3.6 Please list any other hazardous location that you may undertake work at:

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7.3.7 Insurance Coverage and Limits Required

Please state the limits of indemnity that you require for the types of insurance stated:

Employers' Liability	£
Public/Products Liability	£
Fidelity Guarantee Insurance	£
Loss of Keys	£
Professional Advice	£

7.3.8 Do the fees you charge for Professional Services such as Consultancy, Testing, Inspections and Certifications exceed 10% of your turnover or £50,000 (whichever is the greater amount)?

YES/NO

7.3.9 **BFSCs.** Please answer the following questions in relation to Bona Fide Sub-Contractors.

Do you use Bona Fide Sub-Contractors?

YES/NO

Estimated annual payments to Bona Fide Sub-Contractors:

£

Do you ensure that the Bona Fide Sub-Contractors maintain Employers' Liability and Public/Products/Products Efficacy Liability Insurances with Limits of Indemnity no less than the Limits proposed under this Insurance?

YES/NO

Do you direct, supervise and/or control any Bona Fide Sub-Contractors' work?

YES/NO

Do Bona Fide Sub-Contractors ever work to a specification from You and/or do You sign off on their work?

£

7.3.10 Will any products or goods supplied by you be exported anywhere outside of the European Union?

YES/NO

7.3.11 HMRC Employers Reference Number

Company	ERN Status	ERN Number

If exempt, please explain below:

--

7.4 PROFESSIONAL INDEMNITY

7.4.1 Do you require Professional Indemnity Insurance?

YES/NO

General Questions - Please answer the following questions in respect of this proposal:

Do all partners, principals, directors and consultants under a contract of service have at least 3 years' experience in providing the services detailed in the Business description You have advised us within this proposal?

YES/NO

Do you require cover for any associated entity?

YES/NO

Have you sustained a loss through the fraud or dishonesty of any person?

YES/NO

Are you aware of any circumstances that may lead to a claim being made against you in respect of Professional Indemnity Insurance?

YES/NO

Do you require cover for any activity now ceased which is different to those stated in this proposal?

YES/NO

Are you aware of any change in activity and/or structure that may occur in the next 12 months?

YES/NO

Are any material changes to the business expected during the period of insurance?

YES/NO

Do you have procedures in place, such as letters of engagement, to ensure that a client's requirements are clearly identified and can be met?

YES/NO

Do you have procedures in place for reviewing the work undertaken?

YES/NO

Do you always obtain satisfactory written references when engaging employees?

YES/NO

Do you require professional indemnity insurance for the work of any outside consultants?

YES/NO

7.4.2 Mortgage/Loan Reports

Have you, do you, or will you undertake reports relating to mortgages or any other loan or financial agreement?

YES/NO

7.4.3 Fees/Turnover

Please complete the table regarding your anticipated fees and/or turnover.

Please state the Fees you expect to receive for advice, design, and/or specification work during the forthcoming period of insurance (next 12 months)

Please state the turnover you expect to generate for all work in the forthcoming period of insurance (next 12 months).

7.4.4 Professional Indemnity Limit

Please state the Limit of Indemnity required for Professional Indemnity Insurance

7.4.5 Basis of Limit

Do you wish to have the Limit of Indemnity applying on an any one claim basis?

7.4.6 Retroactive Date

Please state the Retroactive Date or leave blank if the retroactive date is inception of this insurance.

Note: UK Professional Indemnity policies generally cover claims made within the period of insurance and insurers will not consider claims occurring prior to the retroactive date.

INNOVATIVE INSURANCE

7.5 DIRECTORS & OFFICERS LIABILITY

Do you require Directors & Officers Liability Insurance?

YES/NO

If YES, please complete questions 7.5.1 to 7.5.6. If NO, please continue to question 7.6

7.5.1 Limit

Please state the Limit of Indemnity required for Directors & Officers insurance:

7.5.2 D&O General Questions - Please answer the following questions in respect of this proposal:

Has the company been established for more than 12 months?

YES/NO

Do the Company's activities involve the provision of financial products or services?

YES/NO

Does the Company's latest annual report and accounts show a positive net income (after tax)?

YES/NO

Does the Company's latest annual report and accounts show a positive shareholder funds/net worth?

YES/NO

Does the Company have any assets or subsidiaries in the USA or Canada?

YES/NO

Are the Company's shares publicly traded on any stock exchange?

YES/NO

Have any claims been made against any past or present Director or Officer of the Company or its Subsidiaries?

YES/NO

Are you aware of any circumstances which may give rise to a claim?

YES/NO

7.5.3 Turnover

Please state your Company's total consolidated turnover as shown in your latest annual report and accounts:

7.5.4 Company Registration Number

Please state your Company Registration Number:

7.5.5 Entity and Employment Practices Liability Limit

Please indicate the Limit required for Entity and Employment Practices Liability. If NONE, please continue to question 7.6:

NONE	<input type="text" value="YES/NO"/>
£250,000	<input type="text" value="YES/NO"/>
£500,000	<input type="text" value="YES/NO"/>

7.5.6 Entity and Employment Practices Liability General Questions - Please answer the following questions in respect of this proposal:

Do you have written employment and grievance procedures that have been issued to all employees?	<input type="text" value="YES/NO"/>
Do you have MORE than 100 employees?	<input type="text" value="YES/NO"/>
Are you anticipating any redundancies in the next 12 months?	<input type="text" value="YES/NO"/>
Are any final stage disciplinary procedures or other formal processes underway that could give rise to a claim?	<input type="text" value="YES/NO"/>
Have there been any claims, or circumstances that might lead to a claim, involving any of you?	<input type="text" value="YES/NO"/>

INNOVATIVE INSURANCE

7.6 LEGAL EXPENSES

Do you require Legal Expenses Insurance?

YES/NO

If YES, please complete questions 7.6.1 to 7.6.5. If NO, please continue to question 8.

7.6.1 Wageroll

What is your estimated total Wageroll for the forthcoming period of insurance (next 12 months)

7.6.2 Contract Disputes

Do you require cover for contractual disputes?

YES/NO

7.6.3 Disputes, Prosecution, Activities

Have you, your business or employees been involved in any legal disputes, action or prosecution (excluding driving offences) during the last 5 years whether insured or not?

YES/NO

7.6.4 Redundancies

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

YES/NO

7.6.5 Mergers/Takeover

In the last 3 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

8. CLAIMS HISTORY

8.1 Claims History

Have you or any of your Directors or Partners, or any company of which any of you have been a director, or any partnership of which any of you have been a partner, sustained any loss or damage or had a claim made against you during the last 5 years?

YES/NO

IF YES please complete table below:

Date of Claim	Claim Type	Total Claim Amount	Status
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED

9. DECLARATION

9.1 Additional Information

In the box below, please state any additional information necessary to provide; insofar that it increases a risk or might otherwise be relied on by us to make a fair and reasonable assessment of your proposal.

9.2 Declaration

Do you confirm that the statements made and questions answered on behalf of the proposer are to the best of your knowledge and belief true and complete?

YES/NO

Signed:

Date: