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INNOVATIVE INSURANCE

PROPOSAL FORM

Cleaning Industry Insurance - Property

PROPOSAL FORM

Full name of Proposer (if not a Limit Company show full names of Principals/Partners and the Trading Name)

Full address including Postcode

Telephone Number and Person to Contact

Facsimile Number

Date Established

Full description of Business

Full Address of Premises to be Insured if different from above

Cover required. Please tick and complete relevant sections

- | | | |
|----|-----------------------|--------------------------|
| 1. | PROPERTY DAMAGE | <input type="checkbox"/> |
| 2. | BUSINESS INTERRUPTION | <input type="checkbox"/> |
| 3. | GLASS | <input type="checkbox"/> |
| 4. | MONEY | <input type="checkbox"/> |

1. PROPERTY DAMAGE

SECTION 1

Items A to D are in respect of property to be insured at your own premises

SECTION 2

Items 1 to 3 are in respect of property to be insured anywhere in the U.K. including your own premises and whilst in transit or at contract sites.

SECTION 1

	<u>Sum Insured</u>
A. Buildings including outbuildings and professional fees for reinstatement and debris removal	£
B. Computers, Audio, Television and Video Equipment used in connection with the business	£
C. Other Office Equipment, Furniture, Fixtures & Fittings and All Other Contents	£
D. Tenants Improvements and Decorations belonging to you or for Which you are responsible	£

SECTION 2

1. Cleaning Materials and Stock	£
2. Cleaning Equipment and Machinery	£
3. Any Other Items such as Portable Telephones or Computers or Audio, Visual or similar Equipment	
Please specify	
(i)	£
(ii)	£
(iii)	£
(iv)	£
(v)	£
Total sum to be Insured	£

In respect of Sections 1 and 2 please state

1. The maximum value of all contents at your own premises	£
2. The maximum value of your property at any one contract site	£
4. The maximum value of any one item of Cleaning Equipment or Plant at any one contract site	£

In respect of Section 2, Equipment in Transit, please state

- A The maximum number of vehicles
- B The maximum value of property in any one vehicle £
- C Are the vehicles fitted with Alarms or any other immobilisation or security device YES/NO

If YES please describe

.....

.....

.....

- D Are any vehicle left loaded and unattended
 - (i) overnight YES/NO

If YES please state where e.g. locked garage, secured yard, lorry park or in the open

.....

.....

- (ii) At other times YES/NO

If YES please give full details of security precautions taken

.....

.....

GENERAL QUESTIONS

(1) How long have you been in business at this address?

Years elsewhere ? Years

(2) What is the approximate age of the buildings? Years. How many storeys?

(3) (a) Are the premises built of brick, stone or concrete and roofed with slates, tiles, concrete, metal or asbestos? YES/NO

If NO, please give details

.....

.....

(b) Please describe floor construction (ie concrete or timber)

.....

- (4) Are the buildings
- (a) occupied YES/NO
- (b) in an area liable to flooding or unduly exposed to storm or malicious damage YES/NO

If YES to any of the above, please give details

.....

- (c) Do you require Subsidence cover? YES/NO

If Yes, please complete the following:

In respect of subsidence, ground heave or landslip:			
A	Has the property ever suffered damage from any of these causes?	Yes	No
B	Are there any signs of cracking or damage to the property, either internal or external, which may be attributable to these causes?	Yes	No
C	Has any remedial work or any monitoring been carried out in relation to actual or suspected damage from these causes?	Yes	No
D	Has any survey report been made referring to settlement, movement or structural defect or previous structural repairs? (Please supply a copy of any report)	Yes	No
If 'Yes' please provide details:			

- (5) How are the buildings heated?
-

- (6) Are all external doors (and internal doors to your portion of the premises, (if in multi-occupation) fitted with 5 lever mortice deadlocks? YES/NO

If NO please give details of physical locking devices fitted

.....

- (7) Are all the opening windows to your premises fitted with key operated locks Or protected bars or grilles? YES/NO

If NO five details of other security fittings

.....

- (8) Please give details of fire extinguishing appliances and/or detection devices Installed that are subject to periodic maintenance contracts

.....

- (9) Is the building in a good state of repair and will so be maintained? YES/NO

If NO please elaborate

(10) Are the premises protected by an Intruder Alarm System? YES/NO

If YES please give the following details

(a) Name of Installer

(b) Type of Alarm System and method of signalling

.....

(c) Is the System maintained under contract by the Installer? YES/NO

PLEASE ATTACH A COPY OF THE ALARM SPECIFICATION

2. BUSINESS INTERRUPTION

(1) Please state basis of cover required and the sum Insured

Increase Cost of Working
(Additional Expenses)

Sum Insured £

OR

Gross Profit

Sum Insured £

(2) Please indicate Indemnity Period required

6 months

12 months

..... Months

(3) Book Debts Sum Insured £

(4) (a) Loss of Rent Payable Sum Insured £

(b) Loss of Rent Receivable Sum Insured £

3. GLASS

The Policy covers plain plate or sheet or wired glass. Do you wish to insure:

(a) Special glass e.g. armoured or bent glass or lettering or designs
Superimposed on glass? YES/NO

(b) Fixed external glass? YES/NO

If YES please give full details

Sum Insured

Special Glass £

Signs £

Are all signs and glass which are to be insured free from cracks and defects? YES/NO

4. MONEY (Including Personal Accident Assault Benefits)

(1) Estimated annual amount paid and drawn from the bank including
 Uncrossed cheques, postal and money orders, postage and savings
 Stamps and certificates and amount handled in the form of luncheon
 Vouchers £.....

NB – Crossed Cheques should not be included

(2) Amount to be insured in transit or on the premises during normal working
 Hours (this would represent the maximum amount at risk at any one time) £.....

(3) Give details of safes at the risk address

Maker's Name and Model	Maximum amount kept therein out of normal working hours

GENERAL QUESTIONS APPLICABLE TO ALL SECTIONS

(1) Have you been previously insured or are you presently insured for any of the covers to which this Proposal relates at these premises or elsewhere> YES/NO

If YES please give the following details

(a) Name of Broker and/or Underwriters

.....

(b) Renewal date

a. In respect of any of the covers to which the Proposal relates and any business in which you or Any of your partners or directs are or have been engaged

i. Has any insurer ever declined a proposal, refused renewal, terminated an insurance or Imposed special terms? YES/NO

If YES please give details

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ii. Have any accidents, losses or claims arisen in the last 5 years whether insured or not? YES/NO

If YES please give details

Date of occurrence	Brief details of each incident (whether a claim was made or not)	Cost of losses for which no claim was made	Cost of Claims	
			Paid	Outstanding

b. Have you or any of your directors or partners ever been convicted of or charged (but not yet tried with any criminal offence or any breach of legislation relating to health and safety of employees or others

YES/NO

If YES please give details

.....

DECLARATION

I/WE DECLARE THAT THE PROPOSED SUMS INSURED REPRESENT THE MAXIMUM AMOUNT AT RISK AND THAT THE PREMISES, PLANT, MACHINERY AND OTHER EQUIPMENT ARE KEPT AND WILL CONTINUE TO BE KEPT IN A GOOD STATE OF REPAIR. I/WE WARRANT THAT TO THE BEST OF MY/OUR BELIEF THAT ALL PARTICULARS AND ANSWERES GIVEN ON AND IN CONNECTION WITH THIS PROPOSAL FOR INSURANCE ARE TRUE AND COMPLETE IN EVERY RESPECT. I/WE AGREE THAT THIS APPLICATION AND ANY OTHER SUPPLEMENTARY INFORMATION PROVIDED BY ME/US OR ON MY/OUR BEHALF SHALL FORM THE BASES OF THE CONTRACT BETWEEN ME/US AND THE INSURERS.

SIGNED POSITION

DATE