**PEST CONTROL PRE RENEWAL FORM**

|  |  |  |
| --- | --- | --- |
| **DECLARED AND ESTIMATED INFORMATION** | For expiring insurance period | For renewal insurance period |
| Total clerical wage roll | £ | £ |
| Total manual wage roll including manual labour-only subcontractor (LOSC) payments | £ | £ |
| Total turnover | £ | £ |
| Total BFSC payments | £ | £ |
| Total number of clerical employees, directors, principals and clerical LOSC |  |  |
| Total number of manual directors, principals and partners |  |  |
| Total number of manual employees |  |  |
| Total number of LOSC |  |  |
| **Percentage of work by environment (to total 100%);** | | |
| Domestic | % | % |
| Commercial | % | % |
| Industrial | % | % |
| **Percentage of work by territory (to total 100%);** | | |
| Within the UK or European Economic Area | % | % |
| Within the rest of the World excluding North America | % | % |
| Within or derived from North America | % | % |

**DECLARATIONS & ESTIMATES**

|  |  |  |
| --- | --- | --- |
| **Activity split – please ensure that the splits provided equal 100%** | **Declared** | **Estimated** |
| Crime scene clean-up | % | % |
| Disinfection fogging, misting or UV treatment / sanitisation cleaning | % | % |
| Fire and flood restoration / cleaning | % | % |
| Floor cleaning, maintenance and restoration including stripping and resealing | % | % |
| Gardening and grounds maintenance | % | % |
| General cleaning (including industrial, builders cleans, carpet & upholstery cleaning.) Excluding domestic, office and supermarkets/shopping centres/leisure centres | % | % |
| General maintenance, non structural refurbishment & redecoration excluding roofing work | % | % |
| Litter picking / car park Cleaning / street sweeping | % | % |
| Office and domestic cleaning | % | % |
| Pest control | % | % |
| Pressure washing above 4000 PSI | % | % |
| Pressure washing up to 4000 PSI | % | % |
| Pure supply of cleaning equipment | % | % |
| Pure supply of cleaning products | % | % |
| Pure supply of pest control products | % | % |
| School caretaking | % | % |
| Schools and/or university cleaning | % | % |
| Shop cleaning | % | % |
| Supermarket cleaning, shopping centre cleaning, leisure centre cleaning | % | % |
| Vehicle valeting (excluding movement of vehicles) | % | % |
| Window cleaning and/or gutter, facia or soffit cleaning | % | % |
| Window cleaning and/or gutter, facia or soffit cleaning by rope access or using slings or cradles | % | % |
| Other - please specify works: | % | % |

**RENEWAL QUESTIONNAIRE**

|  |  |  |
| --- | --- | --- |
| **Do you undertake any of the following hazardous work, or work within any of the following hazardous areas?** | **YES** | **NO** |
| Airside/Aircraft Operation Areas/Hangars |  |  |
| At a height with a drop greater than 16m |  |  |
| Nuclear installations or establishments (other than perimeter fences or offices) |  |  |
| Safety critical locations of power generation facilities other than nuclear premises |  |  |
| Work which requires Personal Track Safety or Sentinel Cards |  |  |
| Works involving railway tracks, signals, rolling stock or open line working |  |  |
| Safety critical locations in premises used for storage or processing of (petro) chemicals, gases or oils |  |  |
| Work in environments with explosive atmospheres or environments subject to ATEX adherence |  |  |
| Cladding, roofing and/or scaffolding work (including inspection or sign off) OR work on high-rise premises |  |  |
| Offshore |  |  |
| Work on ships whilst not in dock |  |  |
| At depths greater than 3m |  |  |
| Confined spaces that fall within the Confined Space Regulations |  |  |
| Work involving any hazardous substances such as explosives, toxic/corrosive chemicals, siliceous materials, gases, isocyanates, radioactive substances or materials which give rise to dust, fumes or vapor which are uncommon to the trade |  |  |
| Work with, handling, storage or exposure to asbestos |  |  |
| Is work carried out using heat via oxyacetylene, electric arc and similar welding and cutting equipment, blow lamps or torches |  |  |
| If any of these are selected, please provide details of the work including wages and turnover for these works | | |

**TRADE ASSOCIATIONS / REGULATORY BODIES**

|  |
| --- |
| **Please detail all trade associations / regulatory bodies of which you are a member** |
|  |

**PROFESSIONAL INDEMNITY QUESTIONNAIRE – LIMITS BELOW £500,000**

This questionnaire is required for risks where we currently provide Professional Indemnity insurance with an indemnity limit of **£500,000 or less.** If the insured’s current PI limit of indemnity is **in excess of £500,000,** we require the PI renewal form (found on the next page) to be completed and returned to us in order to invite renewal.

|  |  |  |
| --- | --- | --- |
| **Risk details:** | **YES** | **NO** |
| Are there any claims, losses or incidents or pending/potential claims or circumstances that might reasonably be expected to give rise to any claim or loss against under professional indemnity that need to be disclosed? |  |  |
| If yes, please provide details here: | | |
| Does the insured undertake manufacturing work? |  |  |
| Do the persons carrying out, controlling or signing off the works in respect of professional activities, possess at least 5 years’ relevant experience, **or** do they hold suitable professional qualifications? |  |  |
| Turnover for all insured entities in the mo**st recent financial year**: | £ | |
| Percentage of turnover for fees where you provide pure design, consultancy, technical, software design or other professional services only:  **If this percentage exceeds 10%, please provide the following further turnover splits:** | % | |
| Percentage of turnover for works where you provide bespoke and/or turn-key solutions, or where you are responsible for the full design of an entire system: | % | |
| Percentage of turnover for works where you use tried and tested installation methods but are not responsible for the creation of the product installed, or you work to the design of others: | % | |
| Percentage of all other remaining turnover (please specify what this is in relation to): | % | |

**PROFESSIONAL INDEMNITY RENEWAL FORM – LIMITS ABOVE £500,000**

This form is required for risks where we currently provide Professional Indemnity insurance with an indemnity limit **in excess of £500,000**.

|  |  |  |
| --- | --- | --- |
| **Activity splits and details of work undertaken:** | | |
| Turnover for all insured entities in the **most recent financial year**: | £ | |
| Percentage of turnover for fees where you provide pure design, consultancy, technical, software design or other professional services only: | % | |
| Percentage of turnover for works where you provide bespoke and/or turn-key solutions, or where you are responsible for the full design of an entire system: | % | |
| Percentage of turnover for works where you use tried and tested installation methods but are not responsible for the creation of the product installed, or you work to the design of others: | % | |
| Percentage of all other remaining turnover (please specify what this is in relation to): | % | |
| **Are any activities undertaken, or services offered, in the following areas:** | **YES** | **NO** |
| Industrial or commercial biomass systems or anaerobic digestors |  |  |
| Wind turbines or hydro-electric premises |  |  |
| Ground source and/or air source heat pumps |  |  |
| Sewerage or water treatment or testing |  |  |
| Architectural services |  |  |
| Civil engineering |  |  |
| Structural engineering |  |  |
| Chemical engineering |  |  |
| Soil engineering |  |  |
| Nuclear engineering |  |  |
| Surveying (either land/quality or building) |  |  |
| If you have answered YES to any of the above, please provide details of the work undertaken at these locations: | | |
| **Declarations:** | **YES** | **NO** |
| Are there any claims, losses or incidents or pending/potential claims or circumstances that might reasonably be expected to give rise to any claim or loss against under professional indemnity that need to be disclosed? |  |  |
| Does the insured undertake manufacturing work? |  |  |
| If you have answered YES to any of the above, please provide details: | | |
| Do the persons carrying out, controlling or signing off the works in respect of professional activities, possess at least 5 years’ relevant experience, **or** do they hold suitable professional qualifications? |  |  |
| Do you require an asbestos extension? |  |  |

**COMMERCIAL ALL RISKS QUESTIONNAIRE**

This questionnaire is required for risks where we currently provide Commercial All Risks cover. On policies where we currently provide Commercial All Risks, Business Interruption or Contract Works cover, **please advise us of any alterations required to the sums insured or limits**. **If we insure more than two premises, please duplicate this page and complete for each additional premises insured, stating the address of each location.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk Address:** |  | | | | | |
| **2nd Risk Address (if needed)** |  | | | | | |
| **Primary use/type of premises (tick one per premises)** | | | **Premises 1** | | **Premises 2** | |
| Office | | |  | |  | |
| Warehouse | | |  | |  | |
| Industrial / Storage (non-manufacturing) | | |  | |  | |
| Manufacturing | | |  | |  | |
| Factory | | |  | |  | |
| Portable building | | |  | |  | |
| Other (please specify): | | |  | |  | |
| **Security Details** | | | **YES** | **NO** | **YES** | **NO** |
| External doors (including roller shutters), skylights and windows secured with appropriate locks, confirming to BS:3621 where applicable. See our security requirement standards for full information. | | |  |  |  |  |
| **Property Features** | | | **Premises 1** | | **Premises 2** | |
| Is the property heated using portable heaters with naked flames? | | |  |  |  |  |
| Is the property of a standard construction (built of either brick, stone, metal or concrete with a roof made from slate, tiles, concrete or metal)? | | |  |  |  |  |
| Has the property ever been flooded? | | |  |  |  |  |
| Does the property have a history of subsidence, landslip, heave or structural movement? | | |  |  |  |  |
| Premises 1 - If yes to any of the property features, please provide details: | |  | | | | |
| Premises 2 - If yes to any of the property features, please provide details: | |  | | | | |

|  |  |  |
| --- | --- | --- |
| **Sum insured required** | **Premises 1** | **Premises 2** |
| Machinery, Plant and all Other Contents (Including Tenants’ Improvements) | £ | £ |
| Stock | £ | £ |
| Electronic Business Equipment and Computers | £ | £ |
| Portable Electronic Business Equipment | £ | £ |
| Portable tools | £ | £ |
| Portable Stock / Stock Away from the Premises | £ | £ |
| Goods in transit | £ | |
| Non-ferrous metals | £ | £ |
| Buildings | £ | £ |
| Rent payable | £ | £ |