

Cleaning & FM Contractors Insurance – Demands & Needs Risk Capture

Please complete and check the information in this document carefully as this constitutes our understanding of your Insurance requirements and situation:-

COMPANY INFORMATION						
The Business: (Full name)						
Include partners and t	rading names if r	not a limited Co	ompa	any		
Address:						
Post Code:			D	ate established:		
Do you have additiona	l Premises?	Yes / No		If Yes, please co	omplete an additional	premises sheet
	1					
Occupation:						
Tel No:			Е	mail:		
Contact:			V	/ebsite:		
Renewal Date:			С	urrent insurers:		
Do the Directors have	Do the Directors have at least 5 years' experience in the Cleaning Industry? If 'No' please give details below Yes / No					



ESTIMATES FOR THE NEXT 12 MONTHS				
Wage estimates (including payments to Labour only Sub-Contractors):				
Clerical, Administration and Non-Manual including Directors	£			
Height work (above 1m) including window, high level cleaning, gutter cleaning, abseiling and cradles	£			
Cleaning Activities:				
Shopping Centres and Supermarkets	£			
Shop Office and Commercial including car workshops, car valeting, ground level window cleaning and reach & wash cleaning, doctors / dental / veterinary surgeries / clinics (including sharps removal provided correctly contained in approved receptacles — (not the disposal risk), schools, colleges and universities including laboratory classrooms (other than bio-hazard, secure areas and animal testing where referral must be made to insurers), hotels, public houses and the like, leisure centres, floor cleaning and maintenance, warehouses, litter picking and sweeping, use of rubbish compactors, pressure washing under 10000 PSI, domestic and accommodation cleaning	£			
Industrial cleaning (including builders clean, factory cleaning, refuse, stone, drain cleaning, pest control, kitchen cleans, machinery cleaning, production lines, fire and flood restoration, laboratories (other than bio-hazard, secure areas and animal testing).	£			
Duct and ventilation cleaning	£			
All other cleaning	£			
Please provide details of all other activities undertaken:				
Non-Cleaning Activities	£			
Please provide details of all other cleaning undertaken:				
Total Estimated Turnover	£			
Turnover from sale of Janitorial Products	£			
Estimates / Payments to Bona Fide Sub-Contractors	£			
Detail activities carried out:				



High Risk Premises and Activities	
Do you carry out work or does the business have any involvement with:-	
Nuclear installations, docks, harbours, railways, watercraft, offshore gas or oil installations, chemical or petrochemical works, oil or gas refineries, oil or gas storage facilities, collieries, mines, quarries, power stations, aircraft, airports or locations where aircraft, hovercraft, watercraft or trains / trams are present	Yes / No
Duct / ventilation cleaning	Yes / No
Cleaning hospitals	Yes / No
Cleaning of machinery or production lines in the food and drink preparation industry including abattoirs and slaughterhouses	Yes / No
Prisons, police stations, scenes of crime and post death or suicide clean up	Yes / No
Management or testing of customers water systems (Legionella exposure)	Yes / No

Where the answer is 'Yes' to the above questions, please complete a separate Risk Questionnaire.

Mining, processing, manufacturing, removing, disposing of, distributing, testing for or storing of asbestos or products made entirely or mainly of asbestos or any work which requires you to hold a licence under the Control of Asbestos Regulations 2006	Yes / No
Chemicals, petrochemicals, oil, gas or other substances which could be harmful, other than substances that are normal for the business	Yes / No
Disposal of fumes, effluent or other harmful or hazardous waste	Yes / No
Overseas (including Northern Ireland) or work on offshore platforms including travel to and from or supply of goods outside the UK	Yes / No
Confined space cleaning including silo cleaning or furnace room cleaning	Yes / No
Cleaning laboratories (other than schools / colleges / university classrooms) or clean rooms	Yes / No
Vork with Sharps	Yes / No
Cleaning of valuable artefacts or works of art in museums or the security or closing of galleries / museums	Yes / No
Cleaning of server rooms or data centres	Yes / No
The use of heat, e.g. welding / cutting, blow lamps, torches, hot air strippers etc	Yes / No
The use of high-pressure equipment above 10,000 psi or drain cleaning or ventilation cleaning	Yes / No
Portable appliance and electrical wiring testing or any other electrical work	Yes / No
Supply / installation / testing of kitchen equipment / supply of rebranded janitorial products / other chemical products fire alarm installation / testing (other than alarm bell testing)	Yes / No
Pest Control	Yes / No
Eye Bolt testing and / or installation	Yes / No
Manufacture at own premises	Yes / No
Fogging, Misting or similar method (if representing more than 20% of Turnover)	Yes / No



Не	ealth & Safety, Training and Accreditation	
a)	Do you employ an external Health & Safety organisation or consultant that provides an annua independent audit?	Yes / No
	If so, please state which company	,
b)	Do you have an internal qualified Health & Safety Manager with a minimum NEBOSH General Certificate qualification?	Yes / No
	If so, please state the qualifications held	
c)	Do you have written Training Records for all employees?	Yes / No
d)	Do you carry out risk assessments including COSHH for all contracts with method statements provided to all relevant employees?	Yes / No
e)	Do you issue and record the use of personal protective equipment?	Yes / No
f)	Is all work equipment tested and inspected in accordance with current legislation?	Yes / No
g)	Do you utilise accredited training from BICS?	Yes / No
h)	Do you utilise accredited training from UhUb and have achieved 'Platinum or Diamond' standard?	Yes / No
i)	Do you use any other external training providers?	Yes / No
	If so, please state which companies	
j)	Please detail any ISO Quality Standards	
k)	Please detail any Accreditations e.g. SAFEcontractor / CHAS	
I)	Please detail any Trade Association membership e.g. BICS, CSSA	



Cover Requirements

Employers Liability		
Cover Required		Yes / No
Standard Limit of Indemnity provided	£	10,000,000
If increased limit required – indicate amount	£	
Max number of employees at any one site	£	

If Employers Liability is insured please provide Employer Reference Number

Public / Products Liability		
Cover Required?		Yes / No
Standard Limit of Indemnity provided	£	5,000,000
If increased limit required – indicate amount	£	

Environmental Clean Up Costs		
Cover required?		Yes / No
Standard Limit of Indemnity provided	£	2,000,000

Loss of Keys		
Cover required?		Yes / No
Standard Limit of Indemnity provided	£	100,000

Professional Indemnity	
Cover Required?	Yes / No
Standard Limit of Indemnity (per occurrence and in the aggregate)	£
If increased limit required – indicate amount	£

Proper	Property All Risks				
Cover	required?				Yes / No
1.	Buildings including landlord	s' fixtures &	fittings therein and thereon		£
2.	. Rent Payable Indemnity Period (months) 12				£
3.	3. General Office Contents including Tenants Improvements but excluding computer equipment			£	
4.	Computer Equipment			£	
5.	5. Trade plant, ladders, machinery and utensils			£	
6.	Stock and materials in trade	Э			£
7.	Other please specify	a) b)			£

Locations



Premises 1	Premises 2	Premises 3
Yes / No	Yes / No	Yes / No

have a separate lockable entrance?	Yes / No	Yes / No	Yes / No
If 'No' please provide full details:			
The Premises are not within 100 metres of any river, lake, or other			
watercourse or the sea or have a history of flooding, or have had previous issues?	Yes / No	Yes / No	Yes / No
If ,'No' please provide full details:			

The Premises are not showing any signs or existing or previous damage by subsidence, heave or landslip?	Yes / No	Yes / No	Yes / No
If 'No' please provide full details:			

The Premises are protected by an intruder alarm with an annual maintenance contract in place?	Yes / No	Yes / No	Yes / No
If 'Yes' what Type of Signalling?			

Loss of Business Money	Cover Required?		Yes / No		
Money on Premises during Business Hours			£	3,000	
Money not on the Premises, in transit or in a bank night safe			£	3,000	
Money on Premises in a locked safe or strongroom out of Business Hours		£	2,000		
Estimated annual Carryings					



Business Interruption	Cov	er Required	d?			Yes / No
Estimated Annual Gross Profit					£	
Increased Cost of Working sum in	sured				£	
Loss of Rent Receivable					£	10 11
Indemnity Period Required					1	12 months
Terrorism		Cover Re	quired?			Yes / No
Fidelity Guarantee		Cover Re	quired?			Yes / No
		Standard	Limit of Indemnity	Provided	£	250,000
This Limit under this section is pe In respect of claims involving the					£	50,000
Specified "All Risks"		Cover Re	quired?			Yes / No
		1		Territorial Area (UK, EU or WW)		
Trade Plant Machinery &					£	
Own Stock and Material i					£	
Customers' Goods held in	n Trust				£	
Hired in Plant						
Maximum value any one item	£100	,000	Estimated annua	al hiring charges	£	
Portable Electronic Comp Telecommunications Equ		ographic &			£	
_					£	
5.					£	
			Total Sum I	nsured	£	
Full name and address of any c	other party	/ with a fin	ancial interest in	the property insured		
Non-Standard / Other Requiren	nents					
Please provide details of any other	er needs o	r requireme	ents:			
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Other Risk Considerations			
Please indicate if you would like quotations / more information on other insurance covers:			
Directors & Officers Liability	Yes / No		
Legal Expenses	Yes / No		
Other: Please specify	Yes / No		

General Information						
Has the I	Yes / No					
If yes ple	ease provi	de details, including costs involved				
Date	Туре	Claim Details	Settled	Paid	Reserve	
If Propos	If Proposer is currently insured please state:		Insurer:			
F			Renewal D	ate:		



Has the Proposer / Insured, any Director or Partner of the Business or its Subsidiary Companies:				
ever had any convictions for criminal offences or pending prosecutions involving dishorarson theft or any wilful damage, ever had a proposal declined or had any insurance can renewal refused or had special terms imposed, and has never been disqualified from be Company Director?	celled, Vos / No			
ever been, either personally or in any business capacity declared bankrupt or insolvent or the subject of bankruptcy proceedings or insolvency proceedings?	been Yes / No			
been an owner or director of, or partner in, any business, company or partnership which into administration, administrative receivership or liquidations, and / or was the subject company and / or individual voluntary arrangement with creditors, a winding up order administrative order, in the last 10 years?	of any			
In connection with the business:				
has the Insured or any Director of the business suffered any loss or had any claim made at them in the last 3 years, whether insured or not?	gainst Yes / No			
has the Insured or any Director of the business been involved in any incidents that have resin an HSE investigation or prosecution?	sulted Yes / No			
Your answers to the above questions will be used by us to identify your demands & needs and to ensure t selected market is suitable to quote for this risk.				
Signature of Proposer: Name				
Position in Company: Date:				
Important Notice:				

Insurance policies contain various conditions that you must comply with in order for a claim to be dealt with by your insurers. If you fail to fulfil these conditions you may lose your right to indemnity or payment for a claim. A copy of the policy wording is available on our website www.darwinclayton.co.uk or upon request.



Notice to individual proposers (including sole traders) Insurance Companies (Third Insurance Directives) Regulations 1994

Law to be applied to the Contract

The parties are free to choose the Law applicable to this Insurance contract. Unless specifically agreed to the contrary, this Insurance shall be subject to English Law.

Complaints Procedure

It is the intention of your Insurers to provide a first class standard of service. If, however, you have any cause for complaint there is in place a procedure which you may care to use without prejudice to your right to take legal action against your Insurers.

You should, in the first instance, contact either your Insurance Broker or the Manager of the office of the Insurance Company that has issued your policy. Alternatively, you can write to the Chief Executive at the Company's Head Office, the address of which is shown on your Insurance policy.

Should you remain dissatisfied the following options are open to you:

- (a) If you are a private Policyholder, and the matter has not been resolved to your satisfaction by the Chief Executive of the Company, ask the Financial Ombudsman Service to review your case.
- (b) Contact the Association of British Insurers (ABI) for assistance.
- (c) You can approach The Financial Conduct Authority.
- (d) If your policy is arranged with Underwriters at Lloyds you may approach the Complaints and Advisory Department at Lloyd's.

Useful Addresses / Telephone Numbers

The Financial Ombudsman Service

South Quay Plaza 183 Marsh Wall London E14 9SR

Telepho0ne: 0800 023 4567

The Association of British Insurers

Consumer Information Department 51 Gresham Street London EC2V 7HQ

Quote: Consumer Information Department

Telephone: 020 7696 8999

The Financial Conduct Authority

25 The North Colonnade Canary Wharf London E14 5HS

Telephone: 0800 111 6768

Lloyds

Complaints & Advisory Department One Lime Street London EC3M 7HA

Telephone: 020 7327 1000

Darwin Clayton (UK) Limited is Authorised and Regulated by the Financial Conduct Authority