



## Insurance Scheme

For

Cleaning & Facilities Management Companies

Proposal Form

Darwin House, 20 Mount Ephraim Road  
Tunbridge Wells, Kent, TN1 1ED  
Tel: 01892 511144 Fax: 01892 511455  
Email: [Info@dcuk.co.uk](mailto:Info@dcuk.co.uk)  
Website: [www.darwinclayton.co.uk](http://www.darwinclayton.co.uk)

Please complete the boxed areas. The information provided by you will be used as a basis of quotations by Darwin Clayton (UK) Ltd

The Proposer

Full Name

(include partners and trading names if not a Limited Company and all Subsidiary Companies)

Address:

Post Code:

Is Risk Address the same as the Postal Address

Risk Address:

Post Code:

Do you have additional Premises

If Yes, complete additional premises sheet

Business Description:

Cleaning Contractors

Tele No:

Contact

Email:

Website:

Date Established

Fax No

Period of Insurance:

From:

To:

Additional Information

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 airfields	Yes/No
mining, processing, manufacturing, removing, disposing of, distributing or storing of asbestos or products made entirely or mainly of asbestos	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 (inc. Northern Ireland) or work on offshore platforms including travel to and from	Yes/No
the use of Heat e.g. welding/cutting, blow lamps, torches, hot air strippers etc.	Yes/No
hospital cleaning, including other cleaning where critical hygiene standards are required	Yes/No
cleaning of police station cells or prisons, cleaning of valuable works of art or precious items, cleaning of server rooms or data centres	Yes/No
silo cleaning, confined space cleaning or furnace room cleaning	Yes/No
the use of high pressure equipment above 10,000 psi or drain cleaning or ventilation cleaning	Yes/No
cleaning of ducting or grease traps within ducting	Yes/No
cleaning laboratories (other than schools/colleges/university classrooms)	Yes/No
work with Sharps	Yes/No
security or closing of galleries / museums	Yes/No
skip hire, fire alarm installation / testing (other than alarm bell testing), portable appliance testing or electrical work	Yes/No
supply / installation / testing of kitchen equipment or pest control or supply of rebranded janitorial products or other chemical products	Yes/No
Eye Bolt testing &/or Installation	Yes/No
manufacture at your own premises	Yes/No

Where the answer is Yes to the above questions, the following information is provided:

Health & Safety, Training and Accreditation

a) Does proposer have a Health and Safety Policy ?

b) Do they employ an external Health & Safety Organisation or Consultant that provides an annual independent audit ?

If Yes

c) Do they employ an internal Health & Safety Manager/Director with a minimum qualification of NEBOSH General Certificate ?

If Yes, please show name and qualifications below

Name

Qualifications

d) Do they have a written Training Record for all employees ?

e) Do they issue and record personal protective equipment ?

f) Do they use accredited training from BICS and/or Asset Skills ?

g) Do they use any other external training Organisations e.g. IRATA or IPAF ?

If Yes

h) Are they members of BICS and/or The Building Futures Group ?

i) Are you members of any other Trade Association ?

If Yes

J) Are they accredited with any ISO Quality Standard ?

If Yes

k) Do they have any other Accreditations e.g.: SAFE contractor , CHAS ?

If Yes

Underwriting Basis

Estimated Wages and Turnover for the forthcoming 12 months:

1	Clerical, Administration and Non Manual	£ -
2	Window and High Level Cleaning (above 1 metre)	£ -
3	Cleaning Activities :	
a)	Shopping Centres & Supermarkets	£ -
b)	Shop Office and Commercial ( including Schools, Universities, Leisure Centres, Hotels and Ground Level Window Cleaning including Reach & Wash systems and similar)	£ -
c)	Industrial Cleaning ( including Builders Clean, Factory, Stone and Drain Cleaning, Pest Control and Kitchen Cleaning but Excluding Cleaning of ducting and/or grease traps)	£ -
d)	All Other Cleaning      Please provide details of all activities undertaken	
4	Non Cleaning Activities (including Gardening and Grounds Maintenance Painting, Decorating, Warehousemen, Fork Lift Truck Drivers and Electrical tasks). Please provide details of all activities undertaken	
5	Total Estimated Turnover	£ -
	Turnover from sale of Janitorial Products	£ -
	Payments to Bona-fide Sub-Contractors	£ -
	Please provide details of all activities undertaken	
		£ -
		£ -
6	Number of Working Principals involved in the Business (if not a Limited Company)	

Cover Requirements

Employers Liability	Cover Required ?	<input type="text" value="Yes/No"/>
	Standard Limit of Indemnity Provided	<input type="text" value="£ 10,000,000"/>
	If increased Limit Required - indicate amount	<input type="text" value="£ -"/>
	Max number of Employees at any one site	<input type="text"/>
If Employers Liability is insured please provide Employer Reference Number		<input type="text"/>

Public / Products Liability	Cover Required ?	<input type="text" value="Yes/No"/>
	Standard Limit of Indemnity Provided	<input type="text" value="£ 5,000,000"/>
	Different Limit required ? - indicate amount	<input type="text" value="£ -"/>

Environmental Clean Up Costs	Cover Required ?	<input type="text" value="Yes/No"/>
	Standard Limit of Indemnity Provided	<input type="text" value="£ 2,000,000"/>

Loss of Keys	Cover Required ?	<input type="text" value="Yes/No"/>
	Standard Limit of Indemnity Provided	<input type="text" value="£ 100,000"/>

Professional Indemnity	Cover Required ?	<input type="text" value="Yes/No"/>
	Limit of Indemnity (per occurrence and in the aggregate)	<input type="text" value="£ 100,000"/>

Property All Risks	Cover Required ?	<input type="text" value="Yes/No"/>
1	Buildings including landlords fixtures & fittings therein and thereon	<input type="text" value="£ -"/>
2	Rent Payable	Indemnity Period (months) <input type="text" value="12"/> <input type="text" value="£ -"/>
3	General Office Contents including Tenants Improvements but excluding computer equipment	<input type="text" value="£ -"/>
4	Computer Equipment	<input type="text" value="£ -"/>
5	Trade Plant, Ladders, Machinery and Utensils	<input type="text" value="£ -"/>
6	Stock and Materials in Trade	<input type="text" value="£ -"/>
7	Other please specify	a) <input type="text" value="£ -"/> b) <input type="text" value="£ -"/>

Locations

	Premises 1	Premises 2	Premises 3
Are the buildings constructed of brick, stone, concrete or other non combustible materials, and roofed with slate, tiles, concrete, metal or asbestos with no more than 25% felt roof?	Yes/No	Yes/No	Yes/No

If No please provide full details

The Premises are not occupied for any other trade or business and have a separate lockable entrance?	Yes/No	Yes/No	Yes/No
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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
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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
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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 <u>Yes</u> , what Type of Signalling?			

Loss of Business Money                      Cover Required ?                     

Money on Premises during Business Hours                     

Money not on the Premises, in transit or in a bank night safe                     

Money on Premises in a locked safe or strongroom out of Business Hours                     

Estimated annual Carrying                     

Business Interruption                      Cover Required ?                     

Estimated Annual Gross Profit                     

Increase in Cost of Working sum insured                     

Loss of Rent Receivable                     

Indemnity Period Required                       months

Terrorism                      Cover Required ?                     

Fidelity Guarantee                      Cover Required ?                     

Standard Limit of Indemnity Provided                     

The Limit under this section is per occurrence and in the aggregate.

In respect of claims involving the mis use of telephones the limit is                     

Specified "All Risks"                      Cover Required ?                     

1 Trade Plant Machinery & Utensils                                           

2 Own Stock and Materials in Trade                                           

3 Customers' Goods held in Trust                                           

4 Hired in Plant                     

Max Value any one item                                            Estimated annual hiring charges                     

5 Portable Electronic Computer Photographic & Telecommunications Equipment                                           

6                                               
                                           

Total Sum Insured                     

Full name and address of any other party with a financial interest in the property insured




General Information

Has the Proposer in the past 3 years had any claims under any section they are proposing ?

Yes/No
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If yes please provide details, including costs involved

Date	Type	Claim Details	Settled	Paid	Reserve

If Proposer is currently insured please state

Insurer

Renewal Date


Has the Proposer/Insured, any Director or Partner of the Business or it's Subsidiary Companies:

ever had any convictions for criminal offences or pending prosecutions involving dishonesty, arson, theft or any wilful damage, ever had a proposal declined or had any insurance cancelled, renewal refused or had special terms imposed, and has never been disqualified from being a Company Director ?

Yes/No
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ever been, either personally or in any business capacity declared bankrupt or insolvent or been the subject of bankruptcy proceedings or insolvency proceedings ?

Yes/No
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been an owner or director of, or partner in, any business, company or partnership which went into administration, administrative receivership or liquidations, and / or was the subject of any company and/or individual voluntary arrangement with creditors, a winding up order or an administrative order, in the last 10 years ?

Yes/No
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In connection with the business:

has the insured or any director of the business suffered any loss or had any claim made against them in the last 3 years, whether insured or not ?

Yes/No
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has the Insured or any director of the business been involved in any incidents that have resulted in an HSE investigation or prosecution ?

Yes/No
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If Yes please provide full details

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Declaration

I/We declare that to the best of my/our knowledge and belief that the above statements made by me/us or on our behalf are true and complete and that I/We have not suppressed, mis-represented or mis-stated any material fact my/our and that I/we agree to accept the terms and conditions contained in the policy. I/We agree that if any answer has been written by any other person that the undersigned then he/she shall for that purpose be regarded as my/our agent of the Company.

Signature of Proposer:	Name:
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Position in Company:	Date:
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Important Notice: In completing this proposal you must disclose all material facts, i.e. those which are likely to influence the Company in its acceptance or assessment of the risk. Failure to do so could invalidate the insurance. If you are in any doubt about whether a fact is material then you should disclose it.

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 Lloyd's 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  
Telephone: 0800 023 4567

The Financial Conduct Authority  
25 The North Colonnade  
Canary Wharf  
London E14 5HS  
Telephone: 0800 111 6768

The Association of British Insurers  
Consumer Information Department  
51 Gresham Street  
London EC2V 7HQ  
Quote: Consumer Information Department  
Telephone: 020 7696 8999

Lloyds  
Complaints & Advisory Department  
One Lime Street  
London  
EC3M 7HA  
Telephone: 020 7327 1000