

Exclusively Cleaning Proposal

The following notes are provided to assist in completion of this proposal form. The Exclusively Cleaning product is our specialist commercial insurance product designed specifically for and only available to businesses providing cleaning services and associated activities. The policy gives full details of the cover provided and a specimen of the policy wording is available on request. Please provide all the required information in each section and sub-section for which cover is required.

Cover Options

Public & Products Liability cover is provided as standard under this policy.

The Public & Products Liability sub-section includes the following automatic extensions:

1. Damage to Property Whilst Being Cleaned including Treatment Damage
2. Misuse of Customers' Telephones with a limit of indemnity of £50,000
3. Financial Loss with a limit of indemnity of £50,000
4. Failure to Secure Premises
5. Customers' Property Removed for Cleaning with a limit of indemnity of £10,000
6. Destruction or Disposal of Customers' Property in Error

Professional Indemnity cover is automatically included with a limit of indemnity of £100,000.

Cover for Loss of Keys and Employers' Liability is optional.

If there is insufficient space for answers anywhere in this document, please use the Additional Information page at the end for further information. The Additional Information page is deemed to be a part of this proposal form.

Data Protection Act

For Data Protection Act purposes, we will hold and process your personal data for insurance administration. For this purpose, the information may also be passed to selected third parties and reinsurers. You consent to our processing sensitive data about you and other persons who may be insured under

the contract. You understand that all personal data you supply must be accurate, and you have the specific consent of those other persons insured to disclose their personal data.

No cover is in force until confirmed by Ageas Insurance Limited.

If you are a sole trader you have the right to choose the law applicable to this contract.

From the answers given we will usually be able to give your proposal adequate assessment however there may be other material information or facts known to you which could influence our assessment and acceptance of the risk and which has not been catered for either fully or in part by the questions. It is extremely important that you disclose all material information and facts as failure to do so could invalidate the insurance. If you are in doubt as to whether or not any information or fact is material then it should be disclosed. You should keep your own record (including copies of letters) of all information and facts supplied to us for the purpose of entering into this contract. Please check the accuracy of all your answers particularly if the proposal has not been completed in your own hand and satisfy yourself that all questions have been truthfully and fully answered. Ageas Insurance Limited operates procedures to reduce fraudulent claims. In dealing with your application for insurance we may make enquiries of credit reference agencies and other insurers who may note that an enquiry has been made about you.

TELEPHONE CALLS MAY BE RECORDED.

ageas®

Exclusively Cleaning Proposal

Agent
Agent code
Policy No.

Insurance to commence on	for 12 months
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Proposer's name
Show the full name, including any subsidiary companies to be insured. If not a limited company show the full names of all principals and partners and any trading name.

If you have been trading for less than 12 months, please provide details of the background of Directors/Partners including number of years' experience in the Cleaning Industry:

Company Registration Number	Date business established	/	/
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Email address

Tel No

Website address

Postal address

Postcode

Business description
Please provide a full description of your business activities including those of any subsidiary companies to be insured.

If you require Employers' Liability cover, please provide your Employer PAYE Reference(s) below. (This information is required for us to provide Employers' Liability cover. Where you have more than one PAYE Reference, please advise each one making it clear which company they apply to):

If you do not have a PAYE Reference, please confirm that you are exempt and provide the reason below:

Are you a member of or accredited by any trade association or regulatory body? If so, please provide details below:

Do you operate to any recognised quality standards, eg. ISO 9001:2000? Yes No
If Yes, please provide details below:

Please provide the following details of your current insurance:

Insurance Agent	Insurer	Expiry date	Premium

Please provide the following information and ensure that a full and precise division of all your business activities is provided:

Estimated figures (drawings, wagheroll, turnover, etc. information) for the next 12 months:

Category of work	Total number of staff	Drawings/salary of Directors, Principals & Partners (£)	Wageroll – Employees (including Labour Only Subcontractors) (£)	Payments to Independent (Bona Fide) Subcontractors (£)	Turnover (£)
Clerical, administrative and managerial (not engaged in manual work)					
Interior cleaning of offices, retail shops, hotels, public houses and private residential property					
Interior cleaning of schools, sports and leisure centres and hospitals					
Interior cleaning of the office, canteen and toilet areas of factories and other commercial premises					
Private car cleaning (by hand) and valeting					
Carpet and upholstery cleaning					
Exterior ground floor window cleaning (including cleaning of windows above ground floor level using extended reach poles (“reach and wash” water fed pole systems))					
Cleaning of wheelie bins, paths, drives and patios by water pressure (excluding the use of non-proprietary branded products) at offices, retail shops, hotels, public houses, private residential property, schools, sports and leisure centres and hospitals					
Cleaning of the exterior of newly constructed buildings by water pressure (excluding the use of non-proprietary branded products)					
Drain cleaning at private residential property, offices, retail shops, hotels and public houses only					
Graffiti removal from the exterior of buildings, brickwork, walls and other such structures by water pressure (excluding the use of non-proprietary branded products)					
Any other cleaning work (please provide full details)					
Any non-cleaning work (please provide full details)					
TOTAL					

Do you supply/sell proprietary branded janitorial or cleaning products?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide full details below:			
Estimated turnover for the next 12 months:		£	
Describe the products and their main uses:			

Do you manufacture or supply any 'own branded' janitorial or cleaning products?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide full details below:			
Estimated turnover for the next 12 months:		£	
Describe the products and their main uses:			

Do you undertake or are you likely to undertake any work:		
Outside England, Scotland, Wales, the Channel Island or the Isle of Man?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
At, on or in docks, harbours, railways, offshore gas or oil installations, chemical or petrochemical works, oil or gas refineries, oil or gas storage facilities, airports or airfields, collieries, mines, quarries, power stations, or any installation where nuclear processing is undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
On or in blast furnaces, chimney shafts, steeples, towers, hospital operating theatres, or clean room environments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
On or in aircraft or watercraft?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Offshore?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Involving the use of heat away from your own premises, e.g. hot air guns, blow lamps, blow torches, welding or flame cutting equipment, grinding wheels, angle grinders, disc cutters or gas space heaters?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Involving the removal of clinical waste, sharps or needles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Involving the cleaning of surgical instruments, surgical clothing, or electrical or mechanical medical equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Involving the cleaning of kitchen canopies, extraction equipment, ducting or grease traps?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Involving stone cleaning, tank or boiler cleaning, or shot or sandblasting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Involving the use of pressure washing equipment at a pressure greater than 10,000 psi, or the use of drying/dehumidifying equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Involving the cleaning of computers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered Yes to any questions above, please provide full details below:		

Cleaning of carpets, upholstery, soft furnishings, curtains or similar items

Do you carry out cleaning of carpets, upholstery, soft furnishings, curtains or similar items?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, do you issue a written disclaimer of liability in respect of the treatment of such goods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please attach a copy of your current standard contract terms and conditions.		

Subcontractors

If you engage any independent (bona fide) subcontractors (other than labour only subcontractors), do you always ensure that they hold and maintain Employers' Liability, Public/Products Liability (including liability for damage to property whilst being cleaned) and Professional Indemnity insurances with limits of indemnity no less than the limits proposed under this insurance and do you obtain written evidence on appointment of such subcontractors and at least annually thereafter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Health and Safety Procedures

Do you have a written Health and Safety policy as required by the Health and Safety at Work etc Act 1974?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Who is responsible for health and safety matters?		
Are proper procedures in place to fully train and supervise employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, do you retain a written record for each employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is all equipment tested and inspected in accordance with current legislation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all employees issued with adequate protective clothing, eg. gloves, overalls, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you carry out risk assessments which are fully documented and recorded for each location at which you work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered No to any Health and Safety questions above, please provide full details below:		
Have you or any director or partner ever been prosecuted or served with a notice under any Health and Safety legislation or regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered Yes, please provide full details below:		

Public and Products Liability

Please indicate the limit of indemnity required:	£1,000,000 <input type="checkbox"/>	£2,000,000 <input type="checkbox"/>	£5,000,000 <input type="checkbox"/>
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Loss of Keys

Is cover required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please indicate the limit of indemnity required:	£25,000 <input type="checkbox"/>	£50,000 <input type="checkbox"/>
Who are the key holders?		
What reference checks are made on persons before allowing them to hold and be entrusted with keys to customers' premises?		
How are keys kept safe: whilst in the possession of employees?		
whilst kept at your premises?		

Professional Indemnity

The policy automatically includes Professional Indemnity cover with a limit of indemnity of £100,000.		
Have you previously held Professional Indemnity insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide the Retroactive Date: / /		

Employers' Liability

Is cover required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The limit of indemnity provided is £10,000,000		

General questions

1 Have you ever been insured in respect of any class of insurance now proposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 Has any insurer ever:		
a) Declined your proposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Cancelled or declined to renew your insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Required increased or special terms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3 Have you or any director or partner ever been, either personally or in any business capacity:		
a) declared bankrupt or insolvent or been the subject of bankruptcy proceedings or insolvency proceedings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) owner or director of, or partner in, any business, company or partnership which went into administration, administrative receivership or liquidation, and/or was the subject of any company and or individual voluntary arrangement with creditors, a winding up order or an administrative order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) the subject of a County Court Judgement (or Scottish equivalent)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) disqualified from being a company director?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4 Have you or any director or partner ever been convicted of or charged (but not yet tried) with any criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5 If you are a sole trader, do you wish the law of England to apply to this contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If any answer given is in a shaded box, full details must be shown below.		

Loss History

Have any incidents or circumstances occurred during the last five years, whether insured or not, that resulted or could have resulted, in a claim under the type of insurance now proposed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide full details below:			
Date	Nature of incident	Amount paid	Amount outstanding

Declaration

- 1 I/We declare that to the best of my/our knowledge and belief all statements and particulars given by me/us are true and complete and that no material information or fact has been withheld or suppressed.
- 2 I am/We are authorised to sign on behalf of all proposers.
- 3 I/We agree
 - that this proposal will be the basis of the contract between me/us and Ageas Insurance Limited
 - that if any answers have been written by another person then for that purpose such person will be regarded as my/our agent and not the agent of Ageas Insurance Limited
 - to be bound by the terms and conditions of the policy.
- 4 I/We understand that
 - the liability of Ageas Insurance Limited does not commence until this proposal has been accepted by them
 - Ageas Insurance Limited reserve the right to decline any proposal.
- 5 I/We agree to the seeking of information from credit and other agencies in connection with this proposal.

Proposer's signature

Status of signatory

Date

Please return your completed proposal form with copies of any additional documents required, to your agent.

Ageas Insurance Limited

Registered office address
Ageas House, Hampshire Corporate Park,
Templars Way, Eastleigh, Hampshire SO53 3YA

www.ageas.co.uk

Registered in England and Wales No. 354568

Ageas Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

