

# Cleaning Contractors

## Quotation Form



**Broker Details**

Name of Brokerage	
Account Handler/Reference	
Email address	
Telephone Number	

**Basic Details**

Insured	
Address	
Web	
Full Business Description	

Number of years in Business	Renewal date of existing Policy	Target Premium	Current insurer	Number of years with current insurer

If trading for less than 12 months please provide full details of relevant experience of the directors / principals:

**Cover Required**

Public/ Products Liability automatically includes; inefficacy, wrongful advice, wrongful arrest, deliberate acts. Professional Indemnity extension £100,000 limit, and D&O extension with £100,000 limit are also included as standard.\*

**Please confirm the Public/ Products Liability, Limit of Indemnity requirements**

£1m  £2m  £5m  Other please specify

**Please confirm if Employers Liability is required** (Limit of Indemnity £10,000,000)

Yes  No

**Employer's Reference Number(s)**

We are required to supply data to our insurers to enable them to supply data to the Employers' Liability Database on all Employers' Liability policies.

We must supply the names of all subsidiary companies under a policy and the Employers Reference Number (ERN), which is also known as the Employers PAYE reference, for each company.

Please complete the details below (continue on separate sheet, if necessary).

Company Name	Address	Postcode	ERN Format usually 999/XX99999 or 999/X99999	ERN Exempt
Main Insured			/	Yes / No
Subsidiary 1			/	Yes / No
Subsidiary 2			/	Yes / No

	Optional Extensions	Standard Limit of Indemnity	Increased Limit of Indemnity	Tick if increased Limit required
1.	Fidelity Bonding	£10,000	NOT AVAILABLE	NOT AVAILABLE
2.	Misuse of Customers' Phones	£5,000	NOT AVAILABLE	NOT AVAILABLE
3.	Loss of Keys	£25,000	£75,000	
4.	Customers' Property for Cleaning	£10,000	£50,000	
5.	Financial Loss	£50,000	£250,000	
6.	Directors and Officers	£100,000 (only available for limited companies)		
7.	Professional Indemnity	£100,000		

**\*Please Note:** Directors & Officers Liability cover only available for limited companies trading at least 2 years.

The coverage date for Extensions 5,6,7 will be the inception date of this contract. Please note your client may need to complete and sign a declaration form for Extensions 6 & 7 before cover can be finalised. If previously Insured on a continuous basis and an alternative retro-active date is required, a copy of the existing Policy Schedule must be submitted with this form.

**1. Please confirm NO Principal, Partner or Director has ever been:**

Prosecuted under the Health & Safety at Work Act 1974, the Consumer Protection Act 1987 or any other legislation relating to Employees Health and Safety
Convicted of or charged (but not yet tried) with a criminal offence other than any motoring offence
Declared bankrupt/ insolvent, or the subject of bankruptcy proceedings; or been concerned with any business which has been wound up, liquidated, dissolved.
Refused or declined a proposal for insurance or ever had an insurance cancelled, renewal refused or had special terms imposed

**2. The Insured does not:**

Have any other Directors & Officers or Professional Indemnity insurance in force.
Enter into any agreements which increase the normal legal liabilities or affect liability under statute or common law.
Handle, store or transport any hazardous substances such as: Explosives, gases, isocyanates, toxic or corrosive chemicals, radioactive substances asbestos or asbestos containing materials, materials giving rise to dust, fumes or vapours, siliceous materials (containing, consisting of, or resembling silica).
Undertake any work at, on, or in: Refineries, bulk storage or production premises in the oil, gas or chemical industries oil, petrol, gas or chemical storage tanks, gas and chemical works, power stations or nuclear facilities, pylons, steeples, towers, chimney shafts, reservoirs, dams, water diversion, sub aqua, collieries, mines, quarries, bridges, tunnels, viaducts, blast furnaces Hospital operating theatres, clean room environments Railways, Airports, Ships, Docks, Harbours or Port Authority sites Mainframe Computer sites or outside of the United Kingdom.

**3. Please confirm the Insured has completed all required COSHH assessments and keeps assessments up to date.**

**4. Please confirm if the Insured engages any Sub-contractors (other than Labour-only):**

Checks are undertaken to ensure that all Sub-contractors hold Public Liability Insurance (including Products Liability and Inefficacy if the whole of a service or a complete installation is involved) with a Limit of Indemnity of not less than £1,000,000 covering the work being subcontracted.
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**5. Employee Vetting:**

The Insured conducts an interview with all prospective Employees
The Insured obtains proof of Employees' addresses
A minimum of two written references are obtained

Please tick the box to confirm the above details

If you are unable to confirm the above, please provide full details of any statement which you are unable to confirm.

### Financial Information

a.	Total Number of Employees	
b.	Total Estimated Turnover	£
c.	Total Estimated Clerical Wages	£
d.	Total Estimated Manual Wages including Directors, Employees and Labour only Sub-Contractors	£
e.	Estimated Manual Wages for use of woodworking machinery	£
f.	Total Estimated Payments to Bona Fide Sub-Contractors (i.e. supply both labour and materials)	£
g.	Please confirm what activities are carried out by Bona Fide Sub-Contractors	

### Details of Work Away

a.	Percentage of work away involving heat	%
b.	What forms of heat are used (eg. Blowlamps, hot air guns etc)	
c.	Percentage of work over 16 metres	%
d.	Percentage of work at Private dwelling houses	%
e.	Percentage of work at shops & offices	%

### Keyholding Services

If keyholding is undertaken, please confirm the percentage of activities involved

 %

a.	Who are the Keyholders?	
b.	How are the keys kept safe:  (i) whilst in the possession of employees?  (ii) Whist kept at your premises?	
c.	Please confirm that the keys cannot be identified to the Customers' premises	

**Please complete pages 5-8 for the Insureds' business activities:**

Please also complete:

- If Property Damage Cover is required- Page 6
- If Contract Works Cover is required- Page 7
- Health and Safety Management- Page 8

**Cleaning Contractors and Associated Activities**

Please provide percentage of activities

	Cleaning of Residential and Light Commercial Premises only (i.e offices / dentist surgeries, cafes, takeaways, restaurants, pubs, clubs, retail shop premises)	%
	Cleaning of Commercial and Industrial Premises (i.e hotels, kitchens (excluding ducting), schools, universities, care homes, factories or other industrial premises)	%
	Cleaning of Supermarkets or Shopping Centres	%
	Cleaning of Hospitals (excluding operating theatres, recovery rooms, clean room environments or specialist medical equipment)	%
	Cleaning of Hospitals (including operating theatres, recovery rooms, clean room environments or specialist medical equipment)	%
	High Pressure Water/ Chemical Cleaning (to pressure greater than 500 PSI)	%
	High Pressure Water/ Chemical Cleaning (to pressure no greater than 5000 PSI)	%
	High Pressure Water/ Chemical Cleaning (to pressure no greater than 17500 PSI)	%
	Stone Cleaning, Shot, Grit, Sand, or other abrasive Blasting	%
	Window Cleaning at ground level only	%
	Window Cleaning up to a maximum of 10 metres in height	%
	Window Cleaning above 10 metres in height	%
	Boiler Cleaning	%
	Tank Cleaning	%
	Machinery Cleaning	%
	Duct or Drain Cleaning	%
	Removal of Clinical waste, sharps or needles	%
	Sale of cleaning (or other products)	%

Please provide full details of activities undertaken:

Is there any work at height by means of Abseiling, Rope Access, Slings or Cradles?

Yes / No

If 'Yes' please provide full details:

## Commercial Property All Risks

Is cover required in respect of:

a.	Subsidence	Yes / No
b.	Terrorism	Yes / No

Please confirm Sum Insured required for:

a.	Buildings	£
b.	Customers' Goods at the Insured's Premises	£
c.	Contents / Stock (see note)	£
If there is more than one premises please advise details separately for each location		

The Policy contains as standard the following limits for specified property within the Contents Sum Insured.

These limits are not in addition to the Contents Sum Insured, therefore if the Cover is required, please ensure the Sum Insured stated above is adequate to include:

	Standard Limit	Increased Limit	
a.	Non-ferrous metals	£10,000	£
b.	Electronic business equipment and computers	£5,000	£
c.	Goods in transit (per vehicle)	£10,000	£
d.	Portable Electronic Equipment (within European Economic Area)	£5,000	£
e.	Portable Tools (within European Economic Area)	£5,000	£

## Business Interruption All Risks

a.	Is cover required for Business Interruption All Risks	Yes / No
	If 'Yes', what basis of cover is required:	Gross Profit / Increased cost of working
b.	Sum Insured required	£
c.	Indemnity period required	Months
d.	Is cover required for Rent Receivable	Yes / No
	If 'Yes', please state Sum Insured Required	£

## Details of Property

How are the premises occupied? (eg. Office, Warehouse)
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Please confirm that the premises:

a.	are self contained and occupied solely by the Insured	Yes / No
b.	are constructed of brick, stone or concrete	Yes / No
c.	are roofed with slates, tiles, concrete, metal or asbestos	Yes / No
d.	are heated by:	
	(i) low pressure hot water or steam	Yes / No
	(ii) oil fired space heaters fed from a fuel tank in the open	Yes / No
	(iii) overhead gas or electrical appliances	Yes / No
	(iv) gas or electric fires in offices only	Yes / No
e.	have never been damaged by flood and are not in an area that has flooded	Yes / No
f.	are not close to any cliff, quarry or other excavation	Yes / No
g.	and any nearby property (including boundary walls) do not show any visible signs or existing of previous damage by subsidence, ground heave or landslip	Yes / No

If 'No' to any of the above, please provide full details:
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## Contract Works Section

If the Insured requires cover for Contract Works and / or Plant and Equipment, please complete the following:

a.	Estimated Maximum Value for any one Contract	£
b.	Maximum Contract Period	Months

## Plant, Equipment and Temporary Buildings belonging to the Insured

a.	Total Sum Insured required	£
b.	Maximum total value at any one time	£

## Hired in Plant, Equipment and Temporary Buildings

(must be under conditions no more onerous than CPA, SPOA or HAE)

a.	Estimated Annual Hiring Charges	£
b.	Maximum value of any one item	£
c.	Maximum total value at any one time	£

## Employees' Tools and Personal Effects

a.	Total Sum Insured	£
b.	Limit any one Employee	£1,500

## Security Measures

a.	Are any materials left on site overnight or outside of work hours?	Yes / No
	If 'Yes' please provide full details of security measures	
b.	Is any Plant or Equipment left unattended or on site overnight or outside of work hours?	Yes / No
	If 'Yes' please provide full details of security measures	
c.	Are any Tools left on site overnight or outside of work hours?	Yes / No
	If 'Yes' please provide full details of security measures	

## Health and Safety Management

a.	Is there a written, up to date, Health & Safety Policy tailored to the Insured's activities?	Yes / No
b.	Is there a trained Safety Officer responsible for Health and Safety issues within the business?	Yes / No
	If 'Yes' please provide details, including qualifications:	
c.	Is Health and Safety training given to all staff throughout their employment <b>and</b> is a record kept of such training?	Yes / No
d.	Are all required Risk assessments carried out, recorded and regularly reviewed?	Yes / No
e.	If the Insured is a member of a Trade Association which provides Health & Safety information and training, please state the name of the association:	
f.	If an external Audit of the Insured's Health and Safety systems/ processes is undertaken- please state by whom:	
g.	In respect of Work at Depth, please describe the precautions taken (e.g. testing for cables, obtaining site plans etc):	
h.	In respect of Work at Height, what means of access is used and by whom is this provided?	
i.	In respect of Work at Height, please provide full details of precautions and safety measures (eg. training, safety equipment, inspections, risk assessments and documentation):	



## Claims Information

Please provide full details of all claims / incidents within the last 5 years

Incident Date	Policy Section applicable e.g. Public Liability, Property Damage, Contract Works etc.	Description	Amount Paid / Outstanding Reserve	Details of Remedial Action Taken

### Fusion

55 Bishopsgate, London, EC2N 3AS Tel: 0207 398 2100

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Registered Address: Towergate House, Eclipse Park, Sittingbourne Road, Maidstone, Kent ME14 3EN

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