

Cleaning Contractors
Quotation Request 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 £25,000 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

	Optional Extensions	Standard Limit of Indemnity	Increased Limit of Indemnity	Tick if increased Limit required
1.	Fidelity Bonding	£10,000	£100,000	
2.	Misuse of Customers' Phones	£5,000	£50,000	
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	£25,000		
7.	Professional Indemnity	£100,000		

Please Note:

The coverage date for Extensions 5,6,7 will be the inception date of this contract. Please note your client will 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 substance 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 Inefficiency 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 (e.g blowlamps, hot air guns etc)	
c.	Percentage of work over 16m	%
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) whilst 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

Business Activities

Please provide percentage of activities

Internal Cleaning	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)	%

Pressure Cleaning and Abrasive Blasting	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	Window Cleaning at ground level only	%
	Window Cleaning up to a maximum of 10 metres in height	%
	Window Cleaning above 10 metres in height	%

Other Activities	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:

Additional Questions

Is there any work at height by means of Abseiling, Rope Access, Slings or Cradles?	Yes/ No
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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)	£

NOTE: 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:

a.	Non-ferrous metals	£10,000
b.	Electronic business equipment and computers	£5,000
c.	Goods in transit	£10,000
d.	Portable Electronic Equipment	£5,000
e.	Portable Tools (within the UK)	£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 or 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

Please confirm that the premises:

How are the premises occupied? (e.g Office, Warehouse)

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:	Yes/ No
	(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, 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 any one Contract	£
b.	Maximum Contract Period	

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

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

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 and is a record kept of such training?	Yes / No
d.	Are all required Risk assessments carried out, recorded and regularly reviewed?	Yes / No
e.	Does the proposer supply and enforce the use of Personal Protective Equipment?	Yes / No
	If Yes please provide details:	
f.	If the Insured is a member of a Trade Association which provides Health & Safety information and training, please state the name of the association:	
g.	If an external Audit of the Insured's Health and Safety systems/ processes is undertaken- please state by whom:	
h.	In respect of Work at Depth, please describe the precautions taken (e.g. testing for cables, obtaining site plans etc):	
i.	In respect of Work at Height, what means of access is used and by whom is this provided?	
j.	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

Towergate Underwriting Liability and Construction

Towergate House, 20 Ellerbeck Court, Stokesley, North Yorkshire. TS9 5PT

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