

# Cleaning Contractors



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## Please send your offline enquiries to [info@ssr.co.uk](mailto:info@ssr.co.uk)

If you need any assistance, please speak to our team on **0117 9 300 100**.

The information disclosed within this enquiry form will be used to compile a Statement of Fact. A Statement of Fact records the information notified to Us and facts assumed about You, Your Business and Your Business partners and directors. The Statement of Fact will form a record of Our contract with You and the information which has been taken into account when calculating the premium, terms and conditions upon which Your policy is based.

Please remember that a fair presentation of the risk must be given. Failure to do so may prevent part or all of a claim being paid and could render the policy invalid. If you are unsure whether or not information applies to giving a fair presentation, it should be disclosed to the insurer.

You should keep a record (including copies of letters) of all information supplied to the insurer for the purposes of the renewal of this insurance.

## Section 1: General Information

**Name of insured**

**Company Registration Number**

**Trading Name(s)**

**Address**

**Names of directors, principals and partners**

**Status of entity (e.g., LTD, LLP, individual trading as)**

**Business established date**

**Policy renewal or inception date**

Is at least 1 years' experience held in a relevant field to the business being proposed

**Yes**

**No**

Details of  
experience held

Has the company, any of its directors, principals, partners or senior managers had any claims, losses or incidents that may give rise to a claim in the last five years, whether insured or not, in respect of the sections of cover requested (please provide details under **Section 7** of this form)

**Yes**

**No**

**Have any directors and/or principals/partners/senior officers ever;**

Been convicted or charged of a non-motoring offence

**Yes**

**No**

Been declared bankrupt or the subject of bankruptcy proceedings

**Yes**

**No**

|   |            |           |
|---|------------|-----------|
| Had a previous company dissolve, wind up, liquidate, enter receivership or become insolvent | <b>Yes</b> | <b>No</b> |
| Had insurance declined, denied, cancelled or refused  | <b>Yes</b> | <b>No</b> |
| Held insurance on which a special term or condition has been imposed                        | <b>Yes</b> | <b>No</b> |

**If any of the above questions have been answered 'yes', please provide further details below**

**Details of any trade association or inspectorate body memberships**

**Employee Reference Number (ERN) or advise if exempt**

## Section 2: Financial and Business Information

**Total estimated turnover (£)**

**Total estimated manual wages (£)**

**Total estimated clerical wages (£)**

**Number of Personnel:**

Clerical employees, directors, principals, labour only subcontractors

Manual directors, principals, partners

Manual employees

Manual labour only subcontractors

**Business Activity Split by Environment (%):**

Domestic %

Commercial %

Industrial %

**Business Activity Split by Territory (%):**

Within the UK or European Economic Area (EEA) %

Rest of World excluding North America %

In or derived from North America %

**Percentage of work performed by Bona Fide Subcontractors (%)**

## Section 3: Trade Activity Details

### Business description

In order to ensure we provide the right cover, the business description must match the activities selected below. Failure to disclose works as an activity below may impact the cover offered. There is an 'other' option which can be used and will be reviewed by underwriters. If you are unsure, please refer to SSR.

### Business Activity and Percentage of works

| Activity  | % | Activity  | % |
|---|---|---|---|
| General cleaning including industrial. Excluding domestic, offices, supermarkets, shopping centres, leisure centres, schools, universities and shops. |   | Disposal or waste or effluent                                 |   |
| Office and domestic cleaning  |   | Drain rodding   |   |
| Cleaning of supermarkets, shopping centres and leisure centres  |   | Duct cleaning   |   |
| Schools and/or University cleaning  |   | General maintenance   |   |
| Shop cleaning   |   | School caretaking   |   |
| Window cleaning   |   | Litter picking, car park cleaning and/or street sweeping      |   |
| Machinery cleaning  |   | Gritting and/or snow clearance                                |   |
| Pressure washing up to 4,000 PSI  |   | Gardening   |   |
| Pressure washing above 4,000 PSI  |   | Pure retail   |   |
| Window cleaning using rope access   |   | Supply of cleaning equipment                                  |   |
| Shot or sandblasting  |   | Supply of cleaning products                                   |   |
| Tank cleaning   |   | Any other activities not specified above (please list below); |   |
| Fire and flood restoration and/or cleaning  |   |   |   |
| Cleaning of hospital surgery areas, theatres and/or recovery rooms  |   |   |   |
| Collection and/or delivery of clinical waste including sharps and needles   |   |   |   |
| Crime scene clean-up  |   |   |   |
|   |   | Total: 100%   |   |

## Section 4: High Risk Activities and Working Locations

Please provide a percentage for all that apply and provide the additional information as requested, or confirm 0 percentage.

### Percentage of work undertaken Airside or in aircraft operation areas or hangars %

Any work within 10 metres of aircraft or in hangars which occupy aircraft at time of work **Yes** **No**

### Percentage of work undertaken at height with a drop greater than 16 metres %

Maximum height worked to in metres

Access methods used (e.g., MEWPs, Ladders, Rope Access/Slings/Cradles, Scaffolding, etc)

Are all relevant persons IRATA trained for rope access methods **Yes** **No**

Are all relevant persons IPAF trained where MEWPs are used **Yes** **No**

### Percentage of work undertaken at nuclear installations or establishments (other than perimeter fences or offices) %

### Percentage of work undertaken which requires Personal Track Safety (PTS) or Sentinel Cards %

### Percentage of work undertaken involving railway tracks, signals, rolling stock or open line working %

### Percentage of work undertaken at safety critical locations in premises used for storage or processing of (petro) chemicals, gases or oils %

### Percentage of work undertaken at safety critical locations of power generation facilities other than nuclear premises %

Description of work within safety critical areas or on safety critical systems of premises used for storage or processing of (petro)chemicals, gases or oils

Description of work within safety critical areas or on safety critical systems of power generation facilities

### Percentage of work undertaken in environments with explosive atmospheres, or environments subject to ATEX adherence %

### Percentage of cladding, roofing and/or scaffolding work (including inspection or sign off of scaffolding) undertaken OR work on high-rise premises %

### Percentage of work undertaken Offshore %

Is the client transported offshore by a third-party **Yes** **No**

Estimated number of trips offshore in the next 12 months

Estimated man days offshore in the next 12 months

Maximum number of employees offshore at any one time

Maximum length of any one trip offshore (measured in days)

Locations worked offshore and details of activities undertaken

**Percentage of work undertaken on ships whilst not in dock** %

**Percentage of work undertaken at depths greater than 3 metres** %

Maximum depth worked to in metres

**Percentage of work undertaken within confined spaces that fall within the Confined Space Regulations** %

**Percentage of work involving the use, handling, storage or transportation of any hazardous substances such as explosives, toxic or corrosive chemicals, siliceous materials, gases, isocyanates, radioactive substances or any materials which give rise to dust, fumes or vapours which are not common to the trade.** %

Details of hazardous substances

**Percentage of work involving the handling, storage, exposure to, or work in the vicinity of asbestos** %

Details of work with or involving exposure to asbestos

## Section 5: Covers Required and Associated Statements

| <b>Employers' Liability (£10,000,000 standard Limit of Indemnity, higher limits available)</b> | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
|--|------------|-----------|

Limit required £

| <b>Public &amp; Products Liability (including Inefficacy)</b> | Limit required £ |
|---|------------------|
|---|------------------|

**Optional PL Extensions (please refer to our Summary of Cover for details of what these extensions cover)**

|   |            |           |
|---|------------|-----------|
| Asbestos buyback (work where a licence is not required or that is subject to Notifiable Non-licenced Work requirements) | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|

|                                 |            |           |
|---------------------------------|------------|-----------|
| Damage to that part worked upon | <b>Yes</b> | <b>No</b> |
|---------------------------------|------------|-----------|

|                  |            |           |
|------------------|------------|-----------|
| Fidelity bonding | <b>Yes</b> | <b>No</b> |
|------------------|------------|-----------|

|                                     |            |           |
|-------------------------------------|------------|-----------|
| Financial loss (including products) | <b>Yes</b> | <b>No</b> |
|-------------------------------------|------------|-----------|

|              |            |           |
|--------------|------------|-----------|
| Loss of keys | <b>Yes</b> | <b>No</b> |
|--------------|------------|-----------|

|                      |            |           |
|----------------------|------------|-----------|
| Misuse of telephones | <b>Yes</b> | <b>No</b> |
|----------------------|------------|-----------|

|                          |            |           |
|--------------------------|------------|-----------|
| North America (products) | <b>Yes</b> | <b>No</b> |
|--------------------------|------------|-----------|

|  |            |           |
|--|------------|-----------|
| Defective Products and Workmanship (where damage or injury has occurred) | <b>Yes</b> | <b>No</b> |
| Loss of metered water  | <b>Yes</b> | <b>No</b> |
| Temporary removal of customers' property for cleaning or treatment       | <b>Yes</b> | <b>No</b> |
| Trace and access   | <b>Yes</b> | <b>No</b> |
| Use of firearms  | <b>Yes</b> | <b>No</b> |

## Commercial All Risks

Where cover is required for more than one premises, please arrange for the supporting Commercial All Risks enquiry form (available from our website) to be completed in respect of each premises.

## Risk Address

Primary use of premises

(e.g., office, warehouse, storage facility, etc)

|  |            |           |
|--|------------|-----------|
| Are external doors (including roller shutters), skylights and windows secured with appropriate locks, confirming to BS:3621 where applicable. See our security requirement standards for full information. | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|

|   |            |           |
|---|------------|-----------|
| Is the heating system fixed, and where it is not, it does not include naked flame-based heating | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|

|  |            |           |
|--|------------|-----------|
| Is the property of a standard construction (built of either brick, stone, metal or concrete with a roof made from slate, tiles, concrete or metal) | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|

|                               |            |           |
|-------------------------------|------------|-----------|
| Has the property ever flooded | <b>Yes</b> | <b>No</b> |
|-------------------------------|------------|-----------|

|  |            |           |
|--|------------|-----------|
| Does the property have a history of subsidence, landslip, heave or structural movement | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|

Additional details regarding premises security, heating, construction, flood history or subsidence

| <b>Contents</b>                                    | <b>Yes</b> | <b>No</b> | <b>Sum Insured £:</b> |
|--|------------|-----------|-----------------------|
| General contents (including tenant's improvements) |            |           |                       |
| Machinery  |            |           |                       |
| Stock  |            |           |                       |
| Stock away from the Premises                       |            |           |                       |
| Electronic Business Equipment                      |            |           |                       |
| Portable Electronic Business Equipment             |            |           |                       |
| Portable Tools                                     |            |           |                       |

Goods In Transit

Non-Ferrous Metals

Is cover required for customer money? **Yes** **No**

**Buildings** **Yes** **No**

Subsidence Cover **Yes** **No**

Sum Insured £:

Buildings

Tenant's Improvements

**Rent Payable** **Yes** **No**

Sum Insured £:

Rent Payable (the total amount payable as per the terms and duration of your lease agreement)

**Floating Contents** (applicable only if the insured requires cover for multiple premises.

If so, please arrange for the supporting Commercial All Risks enquiry form, available from our website, to be completed in respect of each premises)

Sum Insured £:

**Yes** **No**

**Business Interruption** **Yes** **No**

Indemnity Period (months)

Sum Insured £:

Gross Profit

Gross Revenue

Increased Costs of Working (ICOW)

Additional Increased Costs of Working (AICOW)

Rent Receivable

Outstanding Debit Balances

A 12 month indemnity period may not be adequate to cover your business in the event of a claim, potentially leaving your business exposed. Your insurance broker will be able to discuss your requirements and advise accordingly.

**Contract Works, Plant & Tools** **Yes** **No**

Sum Insured £:

Contract Works Maximum Contract Value

Contracting Turnover (if different from total turnover)

Own Plant

Hired In Plant Annual Hiring Fees

Hired In Plant (maximum any one item)

Hired In Plant (maximum any one occurrence)

Tools



| Professional Indemnity   | Yes | No |
|--|-----|----|
| Limit of indemnity required (aggregate basis of indemnity)   | £   |    |
| Retroactive continuous cover date  |     |    |
| Preferred level of excess  | £   |    |
| Are any activities undertaken or services offered in the following areas:  |     |    |
| Industrial or commercial biomass systems or anaerobic digestors or waste disposal plants or recycling centres  | Yes | No |
| Wind turbines or hydro-electric premises   | Yes | No |
| Ground source / air source heat pumps  | Yes | No |
| Sewerage or water treatment or testing   | Yes | No |
| Architectural services   | Yes | No |
| Civil or Structural engineering  | Yes | No |
| Chemical or Soil engineering   | Yes | No |
| Nuclear engineering  | Yes | No |
| High-Rise premises   | Yes | No |
| Mainframe computer suites  | Yes | No |
| Surveying (either land/quantity or building)   | Yes | No |
| Details of work at these locations:  |     |    |
|  |     |    |
| Turnover for all insured entities in most recent financial year (£)  | £   |    |
| Percentage of turnover for fees where you provide pure design, consultancy, technical, software design or other professional services only (%)   |     | %  |
| Percentage of turnover for works where you provide bespoke and/or turn-key solutions, or you are responsible for the full design of an entire system (%)   |     | %  |
| Percentage of turnover for works where you use tried and tested installation methods but are not responsible for the creation of the product installed, or you work to the designs of others (%)                                   |     | %  |
| Percentage of all other remaining turnover (%)   |     | %  |
| Is at least 5 years' relevant experience held by the persons carrying out, controlling or signing off the works in respect of the professional activities undertaken or does this person have suitable professional qualifications | Yes | No |
| Any claims, losses or incidents, whether insured or not in respect of Professional Indemnity (if yes, please provide details under section 7 of this form)   | Yes | No |
| Is manufacturing work undertaken   | Yes | No |
| Is the Professional Indemnity Asbestos Extension required  | Yes | No |

|   |            |           |
|---|------------|-----------|
| <b>Directors' &amp; Officers' Liability</b> | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|

**Tick to confirm that the following statements are true:**

The firm or company is not a sole trader, partnership or listed on a stock exchange

The last consolidated annual accounts had a positive net worth  
(total assets exceed total liabilities)

The firm or company is able to pay its debts as they fall due

The firm or company have been trading for not less than 24 months

There are no circumstances that might reasonably be expected to give rise to any claim  
against any of the Directors or Officers of the firm or company

There have been no claims against any of the Directors (including past Directors) or  
Officers of the firm or company or any of its subsidiaries in the last 5 years

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**Other Optional Covers**

|                    |            |           |
|--------------------|------------|-----------|
| Fidelity Guarantee | <b>Yes</b> | <b>No</b> |
|--------------------|------------|-----------|

|                |            |           |
|----------------|------------|-----------|
| Legal Expenses | <b>Yes</b> | <b>No</b> |
|----------------|------------|-----------|

|                   |            |           |
|-------------------|------------|-----------|
| Personal Accident | <b>Yes</b> | <b>No</b> |
|-------------------|------------|-----------|

|                    |            |           |
|--------------------|------------|-----------|
| Property Terrorism | <b>Yes</b> | <b>No</b> |
|--------------------|------------|-----------|

## Section 6: Previous Insurer Details

**Details of previous insurer and  
target premium**

|  |            |           |
|--|------------|-----------|
| <b>Do you currently have a policy with QBE and/or Sutton Specialist Risks?</b> | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|

## Section 7: Claims History

If the company, any of its directors, principals, partners or senior managers have had any claims, losses or incidents that may give rise to a claim in the last five years, whether insured or not, in respect of the sections of cover requested, please provide details below.

| Date of Loss | Insurance Section | Claim Description | Payment | Reserve | Open/Closed |
|--------------|-------------------|-------------------|---------|---------|-------------|
|              |                   |                   |         |         |             |
|              |                   |                   |         |         |             |
|              |                   |                   |         |         |             |
|              |                   |                   |         |         |             |
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