

Contract cleaners
Proposal form**Your details**

Business name	<input type="text"/>
Contact	<input type="text"/>
Company address	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>
Date business established	<input type="text"/>
If new business, state previous experience	<input type="text"/>

Give details of any trade association of regulatory body you are a member of:

What is your estimated annual income for the current financial year?

€ **Health and safety procedures**

Do you have a written Health and Safety policy as required by the 1974 Health and Safety at Work Act?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have adequate procedures in force to fully train and supervise employees?	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, such as gloves and aprons and do employees sign to confirm receipt?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Where there is any use of ladders or work over ten metres, a supplementary questionnaire is required. Please tick Yes to confirm you have completed this (if you do not have this, please contact us).	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you use, handle store or transport any hazardous substances such as explosives, toxic or corrosive chemicals siliceous materials, gasses, asbestos, isocyanates, radioactive substances or any materials giving rise to dust, fumes or vapours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you carry out COSHH assessments?	Yes <input type="checkbox"/> No <input type="checkbox"/>

General questions

Employee vetting

Please detail what steps are carried out to vet your employees

Do you engage bona-fide subcontractors and are they required to hold public liability insurance with a limit of indemnity of not less than €1,000,000?

Yes No

If No, please give details

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Do you carry out work which:

- a. involves the use of heat away from your own premises? Yes No
- b. is on board ships, on off-shore installation at airports chemical or petrochemicals works, nuclear installations, gas shortage facilities or within five meters of a railway bridge? Yes No
- c. is outside Great Britain? Yes No
- d. involves clinical waste or sharp needles? Yes No
- e. involves cleaning or carpets, soft furnishings, upholstery and the like? Yes No

If you have answered Yes to any of the questions above, please provide details

Loss of key extension

If you have opted for loss of key extension, please advise what system you have in force for ensuring the security of the keys

Do you operate any recognised Quality Assurance Standard? Yes No

If Yes, please state what this standard is

Current insurance policy

Name of current insurer

Policy number(s)

Expiry date of current policy

Expiring premium

Claims and losses

Please confirm the following statements:

Has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past or present partner, principal, director or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)?

Yes No

Have you ever had insurance or proposal cancelled, withdrawn, declined or made subject to special terms?

Yes No

Are you aware of any shortcoming in your work for a client, which is likely to lead to a claim against you?

Yes No

Are you aware, after enquiry, of any potential disease or injury to an employee that may give rise to a claim?

Yes No

If you have answered Yes to any of the above questions, please provide further details



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Important notice for your protection

Within 30 days of receipt of this proposal acceptance form by us, you will be sent your policy documents which contain full details of your cover and other important information. Please take time to read these documents carefully, particularly noting the policy exclusions and limitations.

Please ensure that the details in the policy documents are correct. If you wish to cancel your policy you must give us 30 days notice.

Declaration

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Hiscox Insurance Company Limited to avoid this insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Material information

Please provide us with information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

Data protection

By signing this proposal form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Declaration

Name

Position within the company

Signature

Date

A copy of this proposal should be retained for your records.



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Complaints

Our aim is to ensure that all aspects of your insurance are dealt with promptly, efficiently and fairly. At all times we are committed to providing you with the highest standard of service. If you have any questions or concerns about your policy or the handling of a claim you should, in the first instance contact Brennan Insurances:

Telephone: 00 3531 6395580

Fax: 00 3531 6395590

Email: liam.conlon@brennaninsurances.ie

Address: 12/14 Lower Mount Street, Dublin2, Ireland

If Brennans cannot resolve your complaint satisfactorily, please contact Hiscox Customer Relations team in writing at:

Hiscox Customer Relations

Hiscox House

Sheepen Place

Colchester

CO3 3XL

or by telephone on 0044 1206 773705

or by email at customer.relations@hiscox.com.

Complaints that cannot be resolved by the Hiscox Customer Relations department may then be referred to the Financial Ombudsman Service. Further details will be provided at the appropriate stage of the complaints process. This complaint procedure is without prejudice to your right to take legal proceedings.

Please post this form and completed Direct Debit mandate to:

Brennan Insurances, 12/14 Lower Mount Street, Dublin 2, Ireland