

### INSURED DETAILS

Insured Name			
Intermediary		Date	/ /
Policy Number		Phone	/ /

Period of Insurance		to		at 4.00pm
---------------------	--	----	--	-----------

### BUSINESS ACTIVITIES

What is the annual turnover of your cleaning business?					\$														
What percentage (%) of your annual turnover is from the following areas:																			
Cleaning			%	Security			%												
What percentage (%) of your business activities are undertaken in the following areas:																			
Domestic			%	Retail*			%	Commercial			%	Industrial			%	Other			%
*Retail includes Shopping Centres, Shopping Malls and Arcades and Shopping Strips, whether stand-alone or part of a commercial building.																			
Do you have any cleaning contracts with Retail Centres?								Yes <input type="checkbox"/>		No <input type="checkbox"/>									
If yes, please provide name of Retail Centre and Address where cleaning takes place:																			
Name				Address															
Name				Address															
Name				Address															
Is this business carried out during business trading hours?								Yes <input type="checkbox"/>		No <input type="checkbox"/>									
If yes, please indicate the area:																			
Please indicate: % during business hours:						% % outside business hours:				% %									
Do you clean food courts?								Yes <input type="checkbox"/>		No <input type="checkbox"/>									
If yes, please indicate whether it is performed (tick whichever is appropriate)				During business hours <input type="checkbox"/>		Outside business hours <input type="checkbox"/>		Both <input type="checkbox"/>											
Are there time intervals when you are required to inspect floor areas?								Yes <input type="checkbox"/>		No <input type="checkbox"/>									
If yes, please provide details including the recording procedures you have in place to confirm you have inspected these areas:																			
Are you involved in any of the following?																			
Window Cleaning	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Water Blasting	Yes <input type="checkbox"/>		No <input type="checkbox"/>											
Exterior Wash Down	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Abseiling Cleaning	Yes <input type="checkbox"/>		No <input type="checkbox"/>											
High Rise Window Cleaning	Yes <input type="checkbox"/>		No <input type="checkbox"/>		High Dust Cleaning	Yes <input type="checkbox"/>		No <input type="checkbox"/>											
Abseiling Building Maintenance	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Other	Yes <input type="checkbox"/>		No <input type="checkbox"/>											
Ceiling Cleaning	Yes <input type="checkbox"/>		No <input type="checkbox"/>																
If you answered yes to any of the above, please elaborate by including maximum heights, how many years of experience and equipment used:																			

**BUSINESS ACTIVITIES cont.**

Please indicate the percentage (%) of total turnover that relates to the above activities:	%
Is your business involved in activities other than cleaning? (eg security, trolley collection, garden maintenance)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide full details:	

**SUBCONTRACTORS**

Do you use subcontractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do subcontractors have their own insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, do you sight their policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Actual Payments to subcontractors last year:	\$
Estimated Payments to subcontractors this year:	\$
For what activities do you use subcontractors?	

**CLAIMS HISTORY**

Detail all insurance claims made in the last five years together with all other incidents notified, which may give rise to claims, whether the subject of insurance or not. Please include dates and amounts. (If insufficient room, please include on a separate sheet). It should be noted that all known or reported incidents are to be reported when completing this proposal as failure to do so may prejudice this insurance policy.

DATE OF INCIDENT	DESCRIPTION OF INCIDENT	AMOUNT (\$)	NAME OF INSURER

**SIGNATURE OF INSURED**

Name		Signature	
Position		Date	