

# FINANCIAL LOSS QUESTIONNAIRE FOR CLEANING CONTRACTORS

Insured:

Policy No:

## Section A SERVICES & PRODUCTS

1. Details of services and products including any new services and products to be introduced in the forthcoming year:-

Type of Product (including end use)	Approx Annual Turnover (£)
(a)	
(b)	
(c)	

Type of Service Activity	Approx Annual Turnover (£)
(a)	
(b)	
(c)	

2. What were the largest contracts for the supply of services and products in the last 3 years and what is the average contract size or batch size?

Services:

Products:

3. If an average size batch were faulty would you normally be able to replace from held stocks of finished goods?

4. What is the failure rate of Products after handover?

5. How do you control and ensure the accuracy of comments and statements made to the media and the contents of advertisements, sales brochures and operating instruction/manuals?

6. What literature do you publish other than brochures and manuals relating to services or products supplied by you?

**Section B OWN PREMISES**

- 1 Briefly describe the activities undertaken at your premises
- 2 What products are stored or handled at your premises that are highly inflammable, explosive, toxic or otherwise a hazard to health?
- 3 How do you dispose of waste products – if discharged into the atmosphere or watercourses how do you monitor and control?
- 4 Is access to your neighbours' premises dependent upon access to your own – if so, to what extent and what are your neighbours' occupations?

**Section C OUTWORK**

- 1 Briefly describe the activities undertaken away from your own premises
- 2 To what extent do you work on or adjacent to road, railways, waterways or airports/airfields?
- 3 What products are stored or used at your customers' premises that are highly inflammable, explosive, toxic or otherwise a hazard to health?
- 4 How do you dispose of waste products – if discharged into the atmosphere or watercourses how do you monitor and control?

**Section D GENERAL**

Are you aware of any incidents which have given or may give rise to claims against you for Financial Losses?

**Date:**

**Signed:**

**Position:**

***This form must be signed by an authorised representative of the company such as a Partner, Director or Company Secretary***