



INNOVATIVE INSURANCE SOLUTIONS

## PROPOSAL FORM

### WASTE & RECYCLING



Insurance Brokers . Underwriting Agents  
Lloyd's Brokers . Independent Financial Advisers



## **MATERIAL DAMAGE PROPOSAL FORM**

### **Recycling Plants**

This proposal form comprises a statement of general corporate disclosure and declarations which is mandatory for all proposers.

Please complete all details in BLOCK LETTERS. Where applicable indicate YES or NO

All sections (A, B & C) must be completed in full. Section C must be filled out for each 'Risk Address' where more than one location will be insured under the policy.

If insufficient space is provided for your answer please attach, on a separate sheet, "Additional Information" cross-referenced to the appropriate page and question.

Insurance will not be in force until a satisfactory survey has been carried out and the proposal form (signed by a principal or an officer of the proposer) is accepted by Underwriters, confirmed in writing and you have confirmed acceptance of terms issued.

**"Recyclesure"**

**January 2010**



#### IMPORTANT NOTICE

It is essential that every Proposer when seeking a quotation to take out or renew any insurance discloses to the Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance

Failure to do so entitles the Insurer, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability. If you are in any doubt as to whether a fact is material you should disclose it.

#### DATA PROTECTION

By signing this Proposal you consent to Insurers using the information they 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 criminal convictions). We may 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, brokers and insurance regulatory authorities.

In the course of performing our obligations to you this information may be disclosed to agents and service providers appointed by us (which includes our legal advisers, loss adjusters or agents). 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 where relevant, in compliance with the Data Protection Act 1998. You have a right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

**Completion of the proposal form does not oblige us or our principals to provide a quotation for or actual insurance coverage.**



## Recyclesure

Has any Insurer ever declined your proposal for insurance, refused to renew or cancelled your policy, or imposed special terms      Yes/No

If YES, Please provide details below:

Do the premises included in this proposal form represent the entirety of your Recycling Operations?      Yes/No

If NO, Please provide details of other premises and explain:



**DECLARATION**

I/we declare that, after full enquiry, the contents of this Proposal are true and complete to the best of our knowledge and belief and that I/we have not mis-stated, omitted, or suppressed any material fact or information. I/we agree that this Proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any material fact or information arises before the completion of the contract of insurance, I/we undertake to inform the Insurer immediately.

**Date :**

**Signature :**

**Position in organisation:**

PLEASE NOTE : This Proposal must be signed by a Director, Partner, Principal or equivalent of the Proposer. The person signing the Proposal should be authorised by the Proposer to do so and should make all necessary enquiries of his/her fellow Directors, Officers, Partners and Employees to enable the questions to be answered and on whose behalf he/she signs.

Law Applicable to Contract: This Contract will be subject to English Law (or Scottish Law where applicable) unless agreed otherwise (private individuals and sole traders only).



**Section A – General Business Information**

<b>Company Name:</b>	
<b>Risk Addresses:</b> <i>Give all addresses for which insurance cover is required.</i>	<b>Address 1:</b>  <b>Address 2:</b>  <b>Address 3:</b>  <b>Address 4:</b>  <b>Address 5:</b>
<b>Year that the business commenced trading:</b>	
<b>Website Address:</b>	
<b>Telephone Number (main office):</b>	
<b>Date on which you require insurance cover to commence:</b>	



## Recyclesure

Types of materials processed/handled:	
Household Waste	yes/no
Green Waste	yes/no
Metal/Electronic Waste	yes/no
Paper	yes/no
Plastics	yes/no
Trade Waste	yes/no
Timber	yes/no
Other (specify)	

Approx. turnover for last 12 months: (GBP/EUR)	
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**Section B – Property Damage, Business Interruption and other first party coverage**

**Coverage Information**

Please outline a summary of coverage that your company requires

<u>Material Damage</u>		
ITEM	Description	Estimated Sum Insured
Item 1	Buildings	
Item 2	Machinery/Contents etc	
Item 3	Tenants Improvements	
Item 4	Stock	
Item 5	Computers, Laptops, Other IT	

<u>Business Interruption</u>		
Note that we will not give cover for Business Interruption in isolation.		
ITEM	Description	Estimated Sum Insured
Item 1	Gross Profit/Revenue	
Item 2	Additional Increased Cost of Working	
Item 3	Additional Cost of Working	
Item 4	Rent Receivable	



**Details of the company's claims experience**

Have you made any claims against your insurance or had any incident which would have been covered by insurance but for which you did not claim, since 1<sup>st</sup> January, 2000

(If YES, provide details below)

Material Damage		
Loss Date	Loss Amount	Loss caused by

Business Interruption		
Loss Date	Loss Amount	Loss caused by



**Section C – Details of proposer’s premises**

(section C must be completed for each risk address for which insurance cover is required)

<u>For Risk Address 1</u>		
<b>Buildings usage</b>		
Usage of buildings	Production	yes/no
	Storage	yes/no
	Other (specify)	
Types of material processed/stored on premises* *premises includes for all areas both inside and outside the buildings.	Household Waste	yes/no
	Green Waste	yes/no
	Metal/Electronic Waste	yes/no
	Paper	yes/no
	Plastics	yes/no
	Trade Waste	yes/no
	Timber	yes/no
	Other (specify)	
<b>Buildings construction</b>		
Buildings construction (type of construction that best describes)	Walls	
	Single skin metal panels/sheeting	yes/no
	Composite metal panels/sheeting	yes/no



## Recyclesure

	Concrete	yes/no
	Brick	yes/no
	Other (specify)	
Buildings construction (type of construction that best describes)	Roof	
	Single skin metal panels/sheeting	yes/no
	Composite metal panels/sheeting	yes/no
	Concrete	yes/no
	Felt/bitumen	yes/no
	Other (specify)	
Any timber used within building construction		yes/no
If timber is used within building construction, provide details		
<b>Fire detection &amp; prevention systems</b>		
Handheld fire fighting appliances (extinguishers and/or hoses) within <u>all</u> buildings		yes/no
Fire detection system installed within <u>some/all</u> buildings (i.e. smoke, heat, flame detectors)		yes/no
If a fire detection system is installed within <u>some/all</u> buildings, is there automatic signalling to an alarm receiving centre		yes/no
Automatic certified sprinkler system installed within <u>some/all</u> buildings		yes/no



## Recyclesure

Distance to nearest Fire & Rescue Station (miles/km)	
Nearest Fire & Rescue Station is professional or voluntary	
Fire hydrants(s) within 90m of premises	
Fire detection/suppression systems are fitted to <u>some/all</u> static machinery used for the recycling operation	
Other relevant (specify)	
<b>Security systems</b>	
Physical barrier encompassing <u>entire</u> premises i.e. fence, wall	yes/no
Intruder alarm installed within buildings	yes/no
CCTV installed on premises	yes/no
CCTV linked to a monitoring company	yes/no
Premises monitored by a security company	yes/no
Premises occupied at all times by a company employee	yes/no
Other relevant (specify)	
<b>Storage of combustible materials</b>	
Outside storage of 'non-containerised' combustible materials is minimum of 10m from buildings	yes/no
Loose combustible materials are stored inside buildings when premises are unattended i.e. loose paper, plastics, film	yes/no
Loose combustible materials are stored inside buildings when premises are in attendance i.e. loose paper, plastics, film	yes/no



## UK Recycling Plants

### Proposal Form

#### Appendix for Multi Site Operations

If you operate on more than one site please answer all site-specific questions on this form, leaving the original answers blank. We remind you that even if proposing solely for liability insurance, it is necessary to complete on this form as many details of physical structure and operational practice have relevance to liability risks..

This Appendix allows up to five sites to be proposed for a single policy. If you operate on more than five sites then we recommend a general discussion between your broker and underwriters before making a formal proposal form.

#### **Section A – General information on location and operation:**

	Address	Postcode	Brief description of operations at the site
Location 1			
Location 2			
Location 3			
Location 4			
Location 5			



**Section B – Property Damage, Business Interruption and other first party coverage**

**Coverage Information**

Please provide details of the sites to be covered:

<b>Material Damage</b>					
<b>Estimated Sum Insured (in £)</b>	<b>Location # 1</b>	<b>Location # 2</b>	<b>Location # 3</b>	<b>Location # 4</b>	<b>Location # 5</b>
Buildings					
Machinery/Contents etc					
Tenants Improvements					
Stock					
Rent Payable					

<b>Business Interruption</b>					
<b>Estimated Sum Insured (in £)</b>	<b>Location # 1</b>	<b>Location # 2</b>	<b>Location # 3</b>	<b>Location # 4</b>	<b>Location # 5</b>
Gross Profit/Revenue					
Additional Increased Cost					
Additional Cost of Working					
Rent Receivable					

<b>Security Protections</b>					
<b>Are your premises protected by:</b>	<b>Location # 1</b>	<b>Location # 2</b>	<b>Location # 3</b>	<b>Location # 4</b>	<b>Location # 5</b>
Perimeter security fence or wall	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
24 hour security	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Guard dogs	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
A working burglar alarm	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
A working fire alarm	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
A working sprinkler installation	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

<b>Storage, Waste and Shredding</b>					
<b>Do you</b>	<b>Location # 1</b>	<b>Location # 2</b>	<b>Location # 3</b>	<b>Location # 4</b>	<b>Location # 5</b>
Store waste outdoors within 10 metres of perimeter fencing?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Store waste outdoors within 5 metres of buildings?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Segregate newly delivered waste prior to being stored?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Check waste for possible heat sources prior to sorting?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Have fire fighting appliances available in the reception area?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Use shredding machines?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
If YES, are they equipped with the following (if YES to any question, please list make and model on a separate sheet):					
Spark detectors	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Dust extractors	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Any other fire detection system	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

<b>Alarm Systems</b>					
<b>What type of alarm signalling applies to your premises?</b>	<b>Location # 1</b>	<b>Location # 2</b>	<b>Location # 3</b>	<b>Location # 4</b>	<b>Location # 5</b>
Digicam	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Redcare	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Bells only	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
CCTV	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
No system	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Is the alarm verified	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Is there a maintenance agreement in force	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
If YES, please advise the contractor					
Is this a NACOSS company	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

<b>Sprinkler Systems</b>					
<b>What type of Sprinkler System is installed in your premises?</b>	<b>Location # 1</b>	<b>Location # 2</b>	<b>Location # 3</b>	<b>Location # 4</b>	<b>Location # 5</b>
Dry	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Wet	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Alternate	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
No system	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
What is the age of the system (in years):					
What is the edition number	28 <sup>th</sup> /29 <sup>th</sup>	28 <sup>th</sup> /29 <sup>th</sup>	28 <sup>th</sup> /29 <sup>th</sup>	28 <sup>th</sup> /29 <sup>th</sup>	28 <sup>th</sup> /29 <sup>th</sup>
Is the Test Card up-to-date	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

<b>Water Supply</b>					
<b>Please provide details of your water supply</b>	<b>Location # 1</b>	<b>Location # 2</b>	<b>Location # 3</b>	<b>Location # 4</b>	<b>Location # 5</b>
Single supply	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Dual supply	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Town mains pumped	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Two mains pumped	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Elevated private supply – pumped	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Elevated private supply – not pumped	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

<b>Smoke detection, extinguishers and fire brigades</b>					
<b>Please provide details of the following</b>	<b>Location # 1</b>	<b>Location # 2</b>	<b>Location # 3</b>	<b>Location # 4</b>	<b>Location # 5</b>
Number of smoke detectors					
Are they linked to the fire alarm	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Extinguisher size					
Number of Extinguishers					
Extinguisher type					
Location of the nearest station (provide postcode)					
Approximate distance from your premises in miles					

<b>Premises, occupancy and smoking</b>					
<b>Please provide details of the following</b>	<b>Location # 1</b>	<b>Location # 2</b>	<b>Location # 3</b>	<b>Location # 4</b>	<b>Location # 5</b>
Age of premises in years					
Floor area (all floors, in square metres)					
Is there a basement	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Is the location rural or urban	Rural/ Urban	Rural/ Urban	Rural/ Urban	Rural/ Urban	Rural/ Urban
Days occupied per week					
Hours occupied per day					
Days closed for annual shutdown(s)					
Is smoking allowed on the premises	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
If yes, is this in designated smoking areas	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Do you provide receptacles for cigarette stubs	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

<b>Storage in your premises</b>					
<b>Please provide details of the following (all distances to be given in metres)</b>	<b>Location # 1</b>	<b>Location # 2</b>	<b>Location # 3</b>	<b>Location # 4</b>	<b>Location # 5</b>
INTERNAL – Maximum height to which goods are stored					
INTERNAL – Minimum clearance (stacks and roof)					
INTERNAL – Minimum spacing between stacks					
INTERNAL – Minimum spacing between stacks and walls					
EXTERNAL – Maximum height to which goods are stored					
EXTERNAL – Minimum spacing between stacks					
EXTERNAL – Minimum spacing between stacks and buildings					
Proportion (approx. %) of outside storage					
Do you store oil/heating fluids	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Are these tanks double bunded	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Are any of these tanks underground	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

<b>Construction of your premises</b>					
<b>Please provide details of the construction of (circle all applicable materials)</b>	<b>Location # 1</b>	<b>Location # 2</b>	<b>Location # 3</b>	<b>Location # 4</b>	<b>Location # 5</b>
Are all floors (including ground) and stairs made of	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Construction of building walls (Metal – sheet metal)	Concrete Stone Brick Metal	Concrete Stone Brick Metal	Concrete Stone Brick Metal	Concrete Stone Brick Metal	Concrete Stone Brick Metal
Is the roof entirely constructed with slates/tiles?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Is the roof entirely constructed of sheet metal?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Do the premises have a steel frame?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Are there any combustible linings/panels?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

<b>Hotworking<sup>1</sup> and housekeeping</b>					
<b>Please provide details of the construction of (circle all applicable materials)</b>	<b>Location # 1</b>	<b>Location # 2</b>	<b>Location # 3</b>	<b>Location # 4</b>	<b>Location # 5</b>
Do you engage in hotworking at these premises	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Do you engage in hotworking <sup>1</sup> away from any of your premises					Yes/No
Do you have a hot working permit					Yes/No
Do you remove waste from the area prior to using any heat burning welding or cutting equipment					Yes/No
Are buildings cleared of loose waste debris at the end of each working day					Yes/No
Are machines cleared of waste debris at the end of each working day					Yes/No
Are flammable or toxic liquids stored in fire resistant storage Units					Yes/No
Are battery charging areas clear of waste and other flammable materials					Yes/No

<sup>1</sup> Operation of any oxy-acetylene or electric welding or cutting or grinding or spark generating tools and equipment, or any flame gun or blow lamps, hot air gun or other plant or equipment which involves the application of flames or heat:

**Section C - Liability**

<b>Details of workforce</b>					
<b>Description of Employees working at your own premises:</b>	<b>Clerical Administrative &amp; Supervisory</b>	<b>Machine/tool operators (other than hand held tools)</b>	<b>Labour Only Contractors<sup>2</sup> (see footnote)</b>	<b>Own Employees under a contract of service or apprenticeship</b>	<b>Row Totals</b>
Location # 1 (number)					
Location # 2 (number)					
Location # 3(number)					
Location # 4 (number)					
Location # 5 (number)					
Total number of employees					
Estimated wage roll for the next 12 months (£)					
<b>n.b. Please complete questions regarding Employees working away from your own premises in Section C of the main proposal form</b>					

<sup>2</sup> The information required relates to any of the following persons engaged in connection with the Insured business:

- (a) Any labour master or labour only sub contractor or persons supplied by any of them
- (b) Labour gangs
- (c) Any self-employed persons where they solely supply labour
- (d) Any persons hired from recruitment agencies
- (e) Any person under a contract of service or apprenticeship with another employer who is hired to or borrowed by the Insured
- (f) Any person participating in any Government or otherwise authorised work experience, training study, exchange or similar scheme
- (g) Any voluntary persons



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