



Recyclesure

Waste and Recycling Material Damage Proposal Form

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Please complete this form in block capitals and tick the appropriate boxes. If questions are not applicable, please write 'N/A'

Please provide a separate questionnaire in respect of any additional locations

Full name of proposer _____

Registered address and post code _____

Existing Insurer(s) _____

Description of proposed business

1 Please provide a full description of your trade/business (including all processes undertaken)

Sorting: **Yes/ No** Granulating: **Yes/ No** Shredding: **Yes/ No** Baling: **Yes/ No** Other: **Yes/No**

Other processes please specify: _____

Please detail the approximate percentages of waste streams typically handled:

Construction & Demolition	%	Green / Garden	%
Commercial & Industrial	%	Pure Wood Wastes	%
Metals and Cans	%	Pure Food Wastes	%
Domestic (Black Bag)	%	End of life Vehicles	%
Paper & Cardboard	%	Rubber / Tyres	%
Plastics	%	WEEE	%
Textiles & Clothing	%	Fridges / Freezers	%
Aggregate / Glass	%	Batteries	%
Liquid (Non Hazardous)	%	Used Engine Oil/Solvents	%
Liquid (Hazardous)	%	Clinical / Sharps	%
		Total	100%

Other (please detail)

Please detail the address of location to be insured:

NB: Please complete a separate proposal form for each location

Are you the owner of the Buildings at the Premises? **Yes / No**

Are the Premises in a good state of repair and is all Machinery in good order? **Yes / No**



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Are the Premises detached and separated from any adjoining premises?

Yes / No

If No, please describe occupancy of adjoining premises _____

Are you the sole occupier or tenant of the Buildings at the Premises?

Yes / No

If No, please provide full details of other occupants and their trades/business

Other occupant 1 _____ Trade _____

Other occupant 2 _____ Trade _____

Other occupant 3 _____ Trade _____

2 Date you commenced trading:

(a) At these Premises

(b) Elsewhere

3 Has the Business changed name in the last 5 years?

Yes / No

If Yes, please give full details of all previous names

4 Specify your annual turnover?

5 Have you, the company or any partner, director or financially associated person, or any associated company, or any company or firm in which your partner(s), director(s) or financially associated person are or were in the last 5 years, a partner, director or financially associated person:

(a) ever been convicted of or charged or given a police caution with any criminal offence other than a motoring offence?

Yes/ No

(b) had any County Court Judgments registered against them within the last 5 years?

Yes/ No

(c) been declared bankrupt or insolvent or are subject to any current bankruptcy or insolvency proceedings?

Yes / No

(d) ever had any Environment Agency enforcement notices and/or works notices, prohibition notices, suspension or revocation of environmental permits and licenses, variation of permit conditions, injunctions, criminal or civil sanctions brought against the business or any of its directors. This also includes matters pending?

Yes / No

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

(e) been prosecuted or received notice of intended prosecution under the Health and Safety at Work Act



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or similar legislation?

Yes/ No

If Yes, please give Full details

(f) ever had an insurance policy cancelled, refused or declined?

Yes / No

If Yes, please give Full details

6 Are you, the company or any partner, director or financially associated person involved in any current, ongoing or potential matters that may give rise to any legal or contractual disputes?

Yes / No

If Yes, please give Full details

Description of property and trading arrangements

1 Approximate age of the construction

2 Construction of:

(a) Walls (for example please state - brick, stone, concrete, metal, composite panels or sheets composed entirely of incombustible mineral ingredients, timber, etc)

(b) Roof (for example please state does the external surface of the roof consist of slates, tiles, metal, concrete, sheets or slabs composed entirely of incombustible mineral ingredients, felt, asphalt, bitumen, timber, etc)

(c) Ceiling & linings (for example - plasterboard, timber, etc)

(d) Is any part of the Premises constructed using composite panels

Yes / No

If Yes, please give details of the type of paneling used

3 Hours and days of operation: (this is the time when the Building / business is open for normal operation, not including the time when only maintenance, housekeeping or security staff may be in the Building and or at the Premises)



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4 Have you carried out a fire risk assessment within the last 12 months? **Yes / No**

5 Is any combustible Waste and/or Stock stored outside within 6 metres of any Building or outbuilding? **Yes / No**

If Yes, please give full details including measures taken to prevent spread of fire to Buildings:

6 (a) Have all electrical circuits on-site been tested by qualified electrical engineers within the past 3 years? **Yes/ No**

(b) Have all known defects detected during the testing of the electrical circuits on-site been remedied by a qualified electrical engineer? **Yes/ No**

(c) Are all electrical circuits on-site deemed by a qualified electrical engineer to be in a satisfactory condition? **Yes/ No**

7 Are the Premises situated in an area which has any history of flooding? **Yes / No**

If Yes, please provide details

Description of fire extinguishing appliances, suppression and detection

1 (a) Is there a fire detection and alarm system installed which covers the processing and storage areas of the Premises? **Yes / No**

If Yes, please advise the name of the installer and of which trade association they are members

(b) Please advise the type of signaling of the fire detection and alarm system, if any:

Audible only / Digital Communicator to Central Station / RedCare / Dualcom / Other (please circle as applicable)

If Other please give details: _____

(c) Is the fire alarm maintained under contract and will it continue to be so? **Yes / No**

3 Are hose reels fitted, if so are they near critical Machinery? **Yes / No**

4 Are all fire extinguishers and/or hose reels maintained under contract and will they continue to be so? **Yes/ No**

5 Is smoking prohibited on the premises? **Yes / No**

If No, please describe smoking arrangements on site: _____

6 Is there a fire hydrant on-site which would be accessible by the fire brigade if required? **Yes/ No**

7 Are there sprinklers installed within the process and storage Buildings? **Yes / No**



8 Is the sprinkler system serviced annually by a qualified sprinkler engineer **Yes / No**

Description of Security Arrangements

1 Are the Premises completely enclosed by fencing and is the entrance by controlled gates? **Yes / No**

If No, please give details

2 Is there an intruder alarm installed at the Premises? **Yes / No**

If Yes, please advise name of Installer

Please advise the type of signaling on the Intruder Alarm

Audible only Digital Communicator to Central Station RedCare / Dualcom

Is the intruder alarm maintained by the installer and will it continue to be so? **Yes / No**

3 (a) Are the premises fitted with a CCTV System? **Yes/ No**

If Yes is the system:

- a) Monitored by a 3rd party security company outside normal hours of operation
- b) Monitored and recorded on-site at all times
- c) Monitored during normal hours of operation and recorded on-site at all times
- d) Recorded onsite at all times (no monitoring)
- e) Other, please specify _____

If recorded on-site, please advise the length of time that CCTV footage is kept for: _____

(b) Is the CCTV recording unit kept in a separate Building to the process/ storage buildings? **Yes/ No**

(c) Is the CCTV recording unit kept at least 10 metres from any process / storage buildings? **Yes/ No**

(d) Is the CCTV recording unit kept within a 1 hour (minimum) rated fire proof box? **Yes/ No**

(e) Does the coverage provided by the CCTV system include all processing and storage areas onsite? **Yes/ No**

4 Are the Premises guarded when unoccupied by an on-site security guard? **Yes / No**

Is the security guard **a)** third party registered security contractor **b)** own member of staff

Please detail the arrangements in place to ensure regular foot patrols are undertaken, (for example, a tag point system or a log book)



Description of Plant and Machinery

- | | | |
|---|--|----------|
| 1 | Is all Machinery maintained in accordance with the manufacturer's guidelines? | Yes / No |
| 2 | Are maintenance records documented for all fixed and mobile Machinery? | Yes / No |
| 3 | Is all Machinery under an annual maintenance contract? | Yes / No |
| 4 | Are formally documented maintenance records kept? | Yes / No |
| 5 | Is all Machinery cleaned on a regular basis in order to avoid buildup of dust and/ or fly? | Yes / No |

Description of Shredding Activities Onsite

- | | | |
|---|--|----------|
| 1 | Do any shredding activities take place inside any Buildings? | Yes / No |
| | (a) If Yes, please provide full details and types of Waste shredded_____ | |
| | (b) If Yes, Please detail make(s) and model(s) of all shredding equipment_____ | |
| | _____ | |
| | (c) If Yes, is post shredded Waste segregated and monitored for sources of heat / ignition? | Yes / No |
| 2 | Do any shredding activities take place on-site outside of the Buildings? | Yes / No |
| | (a) If Yes, please give full details and types of waste shredded_____ | |
| | (b) If Yes, please detail make(s) and model(s) of all shredding equipment_____ | |
| | _____ | |
| | (c) If Yes, is post shredded Waste segregated and monitored for sources of heat / ignition? | Yes / No |
| 3 | Do you cease shredding activities at least 2 hours before the close of daily business? | Yes / No |
| | If No, what procedures do you have in place³ to detect ignition / heat sources in post shredded material after hours | |
| | _____ | |



Description of Machinery on-site

1 Specify all insured Machinery valued at GBP 50,000 or over (including make, model, year of manufacture and value)

<u>Description (make and model)</u>	<u>Value</u>	<u>Year of Manufacture</u>	<u>Lead time for replacement machinery</u>

2 Is any Machinery fitted with an Automatic Fire Suppression system? **Yes / No**

If Yes, please give details of the systems installed

3 Is any Machinery fitted with a spark detection system? **Yes / No**

If Yes, please give details of systems installed

4 Is any combustible Waste Material kept within 6 metres of Machinery at times outside normal hours of operation? **Yes / No**

5 Can the fixed electrical Machinery on-site be isolated back to the mains when not in use? **Yes / No**

6 Is Machinery cleared of combustible Waste Material before the end of daily operations? **Yes / No**

Description of waste permit information

1 Does your waste management license include any inside or outside storage restrictions? **Yes / No**

If Yes, please describe _____

About reception and storage of Waste Material inside & outside Buildings

1 Do you store combustible Waste Material and/or unprocessed Waste Material, including loose, un-compacted and/or shredded Waste Material inside Buildings, other than current arisings associated with *Same Day Processing? **Yes/ No**

2 Do you process and/or store any type of Refuse Derived Fuel (RDF) or Solid Recovered Fuel (SRF)? **Yes / No**

3 Do you process and/or store any Municipal Solid Wastes (MSW)? **Yes / No**



4 Please detail your internal Waste and/ or Stock storage arrangements below (use a continuation sheet if required)

Location (reception hall, storage shed etc)	Type of Material stored (loose Wastes, baled paper, plastics etc, DMR, RDF, SRF, MSW etc)	Storage arrangement (loose, baled, wrapped bales etc)	Approx dimension of each area Height x Width x Depth (metres)	Approx. % of Building floor area used, if externally stored please state 'externally stored'	Maximum Tonnage stored within Buildings
a)					
b)					
c)					
d)					

*** SAME-DAY PROCESSING**

Refers to the amount of material that could be processed during normal hours of operation. For example, if there is a material processing throughput of "X" tonnes per hour and the site is usually operational for "Y" hours per day, the Same Day Processing Amount would be XY tonnes (X tonnes multiplied by Y hours)

5 What is the maximum tonnage of loose Waste Material held on-site within Buildings _____

6 What is the maximum tonnage of loose Waste Material held on-site outside Buildings _____

7 What is the maximum length of time loose Waste Material is kept on-site: a) within Buildings _____
b) externally _____

8 Are deliveries of unprocessed Waste restricted/prohibited at least 1 hour before the end of daily operations? **Yes / No**

If No, what procedures are in place to detect contaminants and/ or heat sources in the unprocessed Waste Material outside normal hours of operation?

9 Please advise of any methods &/or equipment used to monitor Waste Material for possible heat and/ or ignition sources:

(a) when it enters the Premises

(a) during the production process

(b) during storage

Sums to be Insured (please fully complete)

Section A – Material Damage

	<u>Sum Insured (GBP)</u>	<u>Sum Insured (GBP)</u>	<u>Sum Insured (GBP)</u>
Buildings (Standard Construction)	<input type="text"/>		
Buildings (Non Standard Construction & Outbuildings)	<input type="text"/>		
Loss of Rent Receivable/Payable	<input type="text"/>	Indemnity Period required:	
	In secure Buildings (GBP)	In the Open (GBP)	Largest Item (GBP)
Machinery & Plant	<input type="text"/>	<input type="text"/>	<input type="text"/>
General fixtures, fitting & other contents	<input type="text"/>	<input type="text"/>	
Stock in Trade	<input type="text"/>	<input type="text"/>	
Stock of Non Ferrous Metal	<input type="text"/>	<input type="text"/>	
Stock of Fuel/ Diesel/ Oil & Fuel Tanks	<input type="text"/>	<input type="text"/>	
Computer & Electrical Office Equipment	<input type="text"/>		<input type="text"/>
Miscellaneous Items (please define)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note, with the exception of Buildings, all items are to be insured on an Indemnity basis. Please specifically advise if you wish us to consider insuring any of these items on a Reinstatement basis.

Additional Peril Available

Subsidence (tick if a quotation is required)

Please note: Subsidence cover is only available if a subsidence questionnaire has been fully completed, signed, dated and confirmed as being accepted by ourselves.



Section B – Business Interruption

Basis of cover

Sum Insured (GBP)

Indemnity Period Required

(Please state the Indemnity Period required)

12 Months / 18 Months / 24 Months / Other

Gross Profit

Increase in Cost of Working

Additional Increase in Cost of Working

Claims & material facts declaration

1 Give details of all claims and or incidents that may have given rise to a claim in the past 10 years. Incidents that may have given rise to a claim include Fire / Thefts / Malicious Damage whether claimed or not:

Incident / claim details	Date	Paid and/or outstanding monies

2 For all claims in excess of GBP 25,000, please provide measures taken to avoid further occurrence:

Incident / claim details	Date	Measures Taken

Data Protection Act Provisions

Any information provided to the Underwriters will be dealt with in compliance with the provisions of the Data Protection Act 1998. For the purpose of providing insurance and handling of any claims which may arise under it, this may necessitate providing certain information which you have provided to other parties. By signing this Questionnaire you agree that such transfer(s) may be made.

Choice of Law

The Proposer and the Underwriters are entitled to choose the law that will govern this contract of insurance. Unless otherwise agreed the Underwriters propose English Law.

Duty of Fair Presentation

1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
 - a) Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter or circumstance is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium). If you are in any doubt as to what constitutes a material fact you should consult your Insurance Advisor. In accordance with section 8 of the Insurance Act 2015, failure to disclose a material fact or circumstance could invalidate your contract of insurance or result in a claim being declined or reduce the amount payable in respect of a claim.
 - b) Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
 - c) Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.
2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
 - a) If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b) If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
 - c) Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

Declaration

I/we declare that to the best of my/our knowledge and belief the information and statements provided herein are true and complete and I/we have made a fair presentation of the risk, by disclosing all material facts or circumstances which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. I/we undertake to inform the Insurer of any material alteration to those facts occurring before completion of the contract of insurance. I/we declare I/we have read the full terms and conditions of the policy; this includes the wording, clauses and any additional conditions, warranties, subjectivities that have been applied to the policy. I/we agree to adhere to the full terms and conditions of the policy for the duration of the contract.

Name of Director/Officer/Board member/senior manager: _____

Signature of Director/Officer/Board member/senior manager: _____

Position Held: _____

For and on behalf of: _____

Date: _____

Please note: unless dated this Proposal Form will not be valid.

Signing this Proposal Form does not bind the Proposer to enter into a contract of insurance.

It is agreed that underwriters are authorised to make investigation and inquiry in connection with this Proposal Form or any Questionnaire that they deem necessary.