



## Property Damage & Business Interruption Insurance Proposal Form for the Recycling Industry

### Introduction

This form is to be completed on behalf of the commercial company / organisation that is to be insured, and must be signed and dated by a director or partner of that business.

### Duties of the company / organisation to be Insured [The Insurance Act 2015]

- It is the duty of the Insured company / organisation to make a fair presentation of the risk to the Insurers: at inception, renewal and at any alteration of the insurance, also if there are any material changes in the risk. This means that you must present to the Insurers all material facts relating to the risk, and / or provide Insurers with enough information to prompt them to enquire for further details.
- Material facts are those which are likely to influence the Insurers in their acceptance of, or assessment of the risk, or in the pricing or other terms of the insurance. Material information may include (but not be limited to) special or unusual facts relating to the risk, or particular concerns which led to the insurance being sought.
- The format of risk information provided must be reasonably clear and accessible, and presented in a logical and clear format, with important details appropriately highlighted.
- You are required and assumed to have made a reasonable search when compiling the presented risk information, including enquiries regarding such risk information as is held by your appointed broker(s) / intermediary(ies), to ensure that all relevant risk information is included.
- Note: failure to disclose any material fact may invalidate the insurance in its entirety, or may result in the insurance not responding to all or part of a particular claim.

### Proposal form

This form is tailored to enquire after the material information most commonly required by the Insurers for their risk assessment. The form should therefore aid in the fair presentation process, however this is a guide and does not replace your legal duties.

Please complete all Parts of this form, answering to the best of your knowledge. Representations of fact must be substantially correct, and any representation of expectation or belief must be made in good faith.

If you have any doubts as to whether any information is material you should disclose it.

When answering 'yes' to a question, please explain with appropriate details. If necessary, please complete your answers on an additional sheet of paper.

**Part A  
Policyholder & Business**

**Policyholder**

1	<b>Name of the Policyholder</b>	
2	<b>Joint Policyholders</b>	
3	<b>Address of the Policyholder</b>	
4	<b>Name and address of the Owner of the Premises and / or Buildings</b>	

**Business Operation**

5	<b>Name of Business</b>				
6	<b>Previous Names of Business</b>				
7	<b>Business Location / Address</b>				
8	<b>Other Locations</b>				
9	<b>Business description</b>				
10	<b>Website</b>				
11	<b>Number of years the Business has been trading continuously at this location</b>				
12	<b>Number of years the Business has been trading at a different location</b>				
13	<b>Number of employees</b>	Full time		Part time	
14	<b>Annual turnover</b>				

Directors or Partners of the Business			
15	Please list full names & dates of birth of all Directors or Partners of the Business	Full Name	Date of Birth
16	Have you or any of the Directors or Partners ever been involved in a Company that has become insolvent or gone into liquidation?		
17	Have you or any of the Directors or Partners ever been subject to a County Court Judgement?		
18	Have you or any of the Directors or Partners ever been convicted of a crime (other than routine traffic offences)?		
19	If the answer to any of the questions 16,17 and / or 18 is 'yes', please provide details		

<b>Part B Insurance Profile</b>
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20	Renewal / Inception date of Policy	
21	Please name previous insurers during the last five years	
22	Has any previous insurer declined your proposal for insurance?	
	If yes: when and why?	
23	Has any previous insurer ever cancelled or refused to renew your insurance?	
	If yes: when and why?	
24	Has any insurer ever required an increased premium or imposed special terms?	
	If yes: when and why?	

25	What is the reason for your proposed current change of insurer?	
26	Is there another insurance policy in force for this business (co-insurance)?	

**Part C  
Material Damage**

Please complete and attach a separate "Part C" for each location for which insurance is required

27	What kinds of waste & recycled materials do you handle at the Premises?	Approximate
<b>Biofuels and/or anaerobic digestion</b>	Anaerobic digestion	%
	Gas or liquid	%
	Solid	%
	Other	%
<b>Building materials</b>	Hardcore	%
	Mixed	%
	Other	%
<b>Metal, Electronic &amp; Electrical</b>	Metal [cold work]	%
	Metal [hot work]	%
	Electronic & electrical	%
	ELV [End of Life Vehicle]	%
	Batteries	%
<b>Green waste</b>	Municipal	%
	Other	%
<b>Paper &amp; Cardboard</b>	Municipal	%
	Archive/shred	%
	Other	%
<b>Plastics</b>		%
<b>Glass</b>		%
<b>Textiles</b>		%
<b>Wood</b>	Wood pallets	%
	Other	%
<b>Mixed general waste</b>		%
<b>Other [please specify]</b>		%
<b>TOTAL:</b>		<b>100 %</b>

28	What processes are carried out at the insured premises?	Shredding	Yes		No	
		Granulating	Yes		No	
		Baling	Yes		No	
		Other				
29	Please describe the sorting process of materials arriving at the premises	Manual sorting	Yes		No	
		Pick-line	Yes		No	
		Automatic/machine sorting	Yes		No	
		Other				
30	Please describe the production processes and attach a process flow diagram					
31	How many years have the present production methods been in operation at each of the Premises?					

**Buildings, Machinery and Plant**

**Please attach a scale plan of the Premises & Buildings, for each location**

32	What is the site [plan] area of the Premises (m <sup>2</sup> or ha) [ft <sup>2</sup> or acres]?				
33	Please provide the following details of the buildings				
	Building	No:	No:	No:	No:
	Building usage				
	Building area (m <sup>2</sup> or ft <sup>2</sup> )				
34	<b>Building construction</b>				
	(a) external walls:				
	(b) internal walls:				
	(c) roofs:				
	(d) floors:				

35	Age of Building				
36	Value of Building				
37	Please give details of the three highest value Machinery and Plant items to be insured	Make	Type	Value	
38	Value of all Machinery and Plant to be insured				
39	Stock (general description)				
40	Value of Stock				

<b>Storage of Combustible Materials</b>
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41	<b>Storage inside Buildings</b>					
	Inside Building no.	Materials stored	Storage arrangement*	Maximum height [m.or ft.]	Approx.% of Building area used for storage	Distance of storage from process equipment [m or ft.]
* Example: solid pile; loose pile; loose pile within concrete bund-walls; palletised; rack storage; tank; silo; etc.						

<b>42 Storage outside Buildings</b>						
Outside Building no. [or location]	Materials stored	Storage arrangement*	Maximum height [m.or ft.]	Distance of storage from the Building [m.or ft.]	Distance of storage from perimeter [m.or ft.]	
* Example: solid pile; loose pile; loose pile within concrete bund-walls; palletised; rack storage; tank; silo; etc.						

**Special Hazards and Processes**

<b>43</b>	<b>Please describe arrangements for handling &amp; storage of any flammable liquids, gases, or other special hazards;</b>	
<b>44</b>	<b>Please describe any processes involving heat, open flames, burning, welding or flame-cutting, or which produce sparks.</b>	
<b>45</b>	<b>Please describe any process using plasma arc technology</b>	
<b>46</b>	<b>Please advise any other special hazards or processes</b>	

**Input Waste Materials**

<b>47</b>	<b>Is unprocessed waste stored in reception hall areas outside working hours?</b>	
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	<b>If yes, please detail maximum storage height, storage area and the storage arrangement, for example : solid pile; loose pile; loose pile within concrete bund-walls; palletised; rack storage; tank; silo; etc.</b>	Material	Height [m. or f]	Area [m <sup>2</sup> or ft <sup>2</sup> ]	Storage arrangement
48	<b>How long before the end of normal working hours is the last delivery of unprocessed waste accepted onto the premises?</b>				
49	<b>Please advise any methods and / or equipment used for monitoring process waste for possible heat/ignition sources:</b>				
	(a) when it enters the premises				
	(b) during the production process				
	(c) during storage				
50	<b>Approximately, how many different supplier sources send raw waste and recyclables into the Premises for processing?</b>				
51	<b>In your opinion, how variable is the content, quality and material mix of the unprocessed waste and recyclables? Please estimate, on a scale of 1 to 5: 1 = varies very rarely 5 = highly variable</b>				

**Neighbouring Risks**

52	<b>Are any other businesses operating on the same Premises?</b>	
	<b>If yes, please detail</b>	
53	<b>Are any of the Buildings rented out, to other third parties?</b>	
	<b>If yes, please detail</b>	
54	<b>Are there any local watercourses that could flood, or have flooded, the Premises?</b>	



55	Please describe the occupancy of the neighbouring properties	
56	Distances to the buildings or yard storage of neighbouring properties	

<b>Security &amp; Fire Prevention</b>
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57	Normal working hours of the operation to be insured	Number of shifts per day	Total working hours per day	Days worked per week	Total days worked per year
58	Are the Premises completely fenced in or similarly secured to prevent unauthorised access at any point?	Fence	Wall	Height	Other (detail)
59	Are all accesses to the Premises monitored and / or controlled?				
60	Are there security guards on the Premises?				
61	Are the premises fitted with CCTV and is the system:	Recorded only	Monitored on site	Monitored by a remote central station service outside working hours	
62	Are there any intruder alarm systems installed on the premises?	Audible only	Monitored by a remote central station service outside working hours		
63	Are any of the Buildings fitted with an automatic fire or smoke alarm system?				
64	Is the automatic fire or smoke alarm system monitored by a remote central station service?				
	If not, by what other means is the automatic fire or smoke alarm system monitored?				
65	Are any of the buildings fitted with automatic sprinklers or other fixed fire extinguishing systems?				
	If yes, please describe				

66	Number & type of serviceable, fire extinguishers provided	Water or water / foam	Dry powder	Carbon dioxide [CO2]	Other
67	Number and size [diameter] of fire hoses provided				
68	Is there an on-site organisation for fire prevention and / or fire-fighting?				
69	Are employees instructed in the handling of fire extinguishers?				
70	What is the distance to the nearest public fire brigade?				
71	Is this a voluntary, professional or mixed fire brigade?				
72	When was the last visit by the fire brigade at the Premises to be insured?				
73	What is the distance to the nearest fire hydrants?				
74	Are there any other water sources for fire-fighting?	Type		Distance	
75	How often is certified inspection and testing of the electrical installations carried out?				
76	Is any of the machinery or equipment fitted with a spark suppression system, fire suppression or fire extinguishing system?				
	Please list all machinery and equipment fitted with such protection				
77	Is all Machinery and Plant maintained in accordance with manufacturer's guideline?				

78	Is there a total smoking ban on the Premises and in the Buildings?	
	If not, where is smoking allowed?	

<b>Part D</b> <b>Business Interruption</b>
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Please complete and attach a separate "Part D" for each location for which business Interruption insurance is required			
79	Gross Profits	Sum Insured:	Indemnity Period in months:
80	Loss of Rent Receivable	Sum Insured:	Indemnity Period in months:
81	Increased Cost of Working	Sum Insured:	Indemnity Period in months:
82	Additional Increased Cost of Working	Sum Insured:	Indemnity Period in months:
83	Other Business Interruption coverage [please specify]	Sum Insured:	Indemnity Period in months:
84	Which process machines are considered as critical to the business?		
85	What is the estimated delivery time of critical machines?		
86	Do you store spare parts for the machines critical to the business?		
87	What is the estimated delivery time of critical spare parts?		
88	Do you have process lines with spare/parallel production capacity?		

89	Are there any seasonal production or sales fluctuations in the operations to be insured?	
90	In the event of a major loss (e.g. fire) interrupting production, does the business have contractual obligations to continue receiving deliveries of raw waste for processing?	
	If so, for how long?	
91	Please provide details of any emergency back-up production facilities available, e.g. at other sites, or with other companies	

**Claims, Losses & Fire or Explosion Incidents**

92	Please provide detailed information of all previous Claims, Losses, and Fire or Explosion incidents of which you are aware, for the past 10 years or more	Date of incident	Description / details	Claim amount	Status [e.g. outstanding, or reserved]

**Part E  
Declaration**

**Declaration:**  
I / we confirm that the information given in this proposal form and any other disclosure documents, emails and the like provided to the Insurers is correct, accurate and complete, and I / we have made a fair presentation of the risk.

**Signature:**

**Full Name:**

**Position in Company:**

**Date:**