



Questionnaire

Waste and Recycling

Material Damage Questionnaire

Please Complete In Block Capitals and Tick Appropriate Boxes Where Relevant

Please also provide the following supplementary information:

- (a) Site Plan (Identifying use of individual buildings/areas)
- (b) Photographs of the premises (Internal and External)
- (c) A separate Questionnaire for each additional location

Proposers Details

Full Name Of Proposer _____

Trading Title _____

Address _____

Post Code _____

Daytime Business Telephone _____

Website _____

1 Specify your full description of Trade/Business including all processes undertaken

Sorting **Yes / No**

Granulating **Yes / No**

Shredding **Yes / No**

Baling **Yes / No**

Other processes please specify

Materials Handled _____

Green (Composting)	Yes / No	Furniture	Yes / No
Bricks / Rubble / Soil	Yes / No	Food	Yes / No
Metals	Yes / No	ELV's (End of life Vehicles)	Yes / No
Paper/Cardboard	Yes / No	Tyres	Yes / No
Glass	Yes / No	WEEE (Waste Electronic Electrical Equipment)	Yes / No
Plastics	Yes / No	Fridges / Freezers	Yes / No
Textiles / Shoes	Yes / No	Batteries	Yes / No
Wood/ Timber	Yes / No	Used Engine Oil / Solvents	Yes / No
Other			

Address of Property to Be Insured (Location 1 **only**)

Post Code

Are you the Owner of the Buildings at the premises **Yes / No**

Are the premises in a good state of repair and is all plant and machinery in good order **Yes / No**

Are the premises detached and separated from any adjoining premises **Yes / No**

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 If the premises are let to tenants please confirm if a tenancy agreement is in force **Yes / No**

3 Date you commenced trading:

(a) At these premises

(b) Elsewhere

4 Is the Business registered for GST **Yes / No**

5 Has the Business changed name in the last 5 years **Yes / No**

If Yes, please give Full details of all previous names

6 Have you, the company or any partner, director or financially associated person:

(a) even been convicted of or charged or given a police caution with any criminal offence, other than a Motoring offence **Yes / No**

If Yes, please give Full detail

(b) had any County Court Judgements registered against them within the last 5 years **Yes / No**

If Yes, please give Full detail

(c) been declared bankrupt or insolvent or are subject to any current bankruptcy or insolvency proceedings **Yes / No**

If Yes, please give Full detail

- (d) been prosecuted or received notice of intended prosecution under the Health and Safety at Work Act or similar legislation **Yes / No**

If Yes, please give Full detail

- (e) ever had an insurance cancelled, refused or declined **Yes / No**

If Yes, please give Full detail

- 7** 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

If Yes, please give Full detail

Description of Property and Trading Arrangements

- 1** (a) Approximate age of construction

- (b) Number of storeys

Construction of:

- (c) Walls (For Example please state - brick, stone, concrete, metal, composite panels or sheets composed entirely of incombustible mineral ingredients, timber, etc)

- (d) 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)

- (e) Flooring (For Example - concrete, stone, timber, etc)

- (f) Ceiling & Linings (For Example - plasterboard, timber, etc)

- (g) Is any part of the roof area flat **Yes / No**

If Yes, please give details and percentage of roof area

- (h) Is any part of the premises is constructed using Composite Panels (metal faced with insulation) **Yes / No**

If Yes, please give details and percentage of roof area

(i) Hours of Operation

(j) Are flammable liquids or hazardous chemicals used or stored **Yes / No**

If Yes, please give details

(k) Have carried out a Fire Risk Assessment within the last 12 months **Yes / No**

If No, please give details

2 Is combustible material and/or waste stored outside within 10 metres of any building or outbuilding

If Yes, please give Full details

3 Are any non-fixed or portable heaters (except for Electric Heaters) used **Yes / No**

If Yes, please give details

4 (a) Is the Property in an area which is free from Flooding **Yes / No**

If No, please describe

(b) Is the property situated near a river, stream, reservoir, lake **Yes / No**

Description of Fire Extinguishing Appliances Suppression and Detection

1 Where is the nearest Fire Brigade and how far away is it **Full Time / Part- Time**

2 Are Smoke Detectors fitted in and/or to the premises **Yes / No**

3 Is there a Fire Detection and Alarm System at the premises **Yes / No**

(a) If **Yes**, advise name of Installer and which Trade Association they are Members of

(b) Please advise the type of signalling of the Fire Detection and Alarm System, if any:

Please provide full details

(c) Is the Fire Alarm maintained under contract and will it continue to be so **Yes / No**

4 Are hose reels fitted, if so are they near critical machinery **Yes / No**

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

- 6 Is smoking prohibited on the premises **Yes / No**
- 7 Distance to nearest fire hydrant **Yes / No**

Description of Security Arrangements

- 1 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 at the premises **Yes / No**
 (a) If Yes, advise name of Installer
 (b) Is the Intruder Alarm maintained by the Installer and will it continue to be so **Yes / No**
- 3 Are the premises fitted with Closed Circuit Television **Yes / No**
If Yes, please give details: Monitored / Recorded / Loudspeakers (please delete as appropriate)
- 4 Are the premises guarded when unoccupied **Yes / No**
If No, please give details of out of hours security

Description of Plant and Machinery

- 1 Is Plant and Machinery maintained in accordance with manufacturers guideline **Yes / No**
If No, please give details
- 2 Is Plant and Machinery under an annual maintenance contract **Yes / No**
- 3 Are formal maintenance records maintained **Yes / No**
- 4 Specify all key Process Plant and Machinery valued over \$75,000 including full description / make and model / age / value

Description (make and model)	Value	Age	Lead time for replacement of machinery

- 5 Is all key Process Plant and Machinery fitted with integral Fire Suppression and/or Extinguisher System **Yes / No**

If Yes, please give details

6 Is all key Process Plant and Machinery fitted with spark detection systems **Yes / No**

If Yes, please give details

7 Have any waste adaption s been carried out to vehicles used at the facility **Yes / No**

8 Have the vehicles been modified to cater for the waste industry process i.e. to prevent foreign objects being trapped and igniting **Yes / No**

9 Do you hold a Environmental Permit, Waste Management Licence or Pollution Prevention & Control Permit? **Yes / No / Exempt**

If No or Exempt, please provide Full details

Additional Peril Available (Please note that an additional premium rate will be charged for these perils if cover is granted)

10 Subsidence (Tick if quotation required)

Please Note: Subsidence cover is only available if a questionnaire has been completed and accepted by Underwriters

Sums to be Insured

(Please fully complete)

Section A - Material Damage

1	<u>Sum Insured</u>	<u>Sum Insured</u>	<u>Sum Insured</u>
Buildings (Standard Construction)	\$		
Buildings (Non Standard Construction & Outbuildings)	\$		
Loss of Rent Receivable/Payable	\$		

(Please state the Indemnity Period required) 12 Months / 18 Months / 24 Months / Other

Other _____ Months

Internal Decorations & Tenants Improvements	<u>In secure Buildings</u>	<u>In the Open</u>	<u>Largest Item</u>
Machinery & Plant	\$	\$	\$
General fixtures, fitting & other contents	\$	\$	
Stock in Trade	\$	\$	
Stock of Non Ferrous Metals	\$	\$	
Stock of Fuel / Diesel / Oil & Fuel Tanks	\$	\$	
Customers Goods & Goods held in Trust	\$	\$	\$
Computer & Electrical Office Equipment	\$		\$
Miscellaneous Items (please define)	\$	\$	\$

2 Sums to be insured are on an Indemnity basis.

If Reinstatement is required, please specify which items:

Section B - Business Interruption

3	Basis of Cover (Please state the Indemnity Period required)	Sum Insured 12 Months / 18 Months / 24 Months / Other Other: _____ Months	Indemnity Period Required
	Gross Profit:	\$	
	Increase in Cost of Working:	\$	
	Additional Increase in Cost of Working:	\$	
	Book Debts:	\$	

Claims Declaration

- 4** Give details of all non Liability, Household, Travel and/or Motor claims and losses you, the company or any partner, director or financially associated person have made during the last 5 years:

Settled	Outstanding	Details

- 5** For any previous non Liability, Household, Travel and/or Motor claims and losses you, the company or any partner, director or financially associated person have suffered over an amount of \$50,000, please provide details of actions and measures taken to prevent further losses of a similar kind.

Date of Loss	Details	Type of Incident

Declaration

The undersigned declares on behalf of all parties proposing this insurance that to the best of their knowledge and belief the information and statements provided herein are true and complete and all material facts or circumstances have been fully disclosed.

(Please note - A material fact is one likely to influence acceptance or assessment of this application by the Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Insurance Advisor. Failure to disclose a material fact could invalidate your contract of insurance).

The undersigned declares and agrees that this Questionnaire and any Proposal Form together with any other information supplied upon which the Underwriters will rely when deciding to accept this insurance and the terms on which it may be offered, including the amount of premium payable, shall form the basis of the contract of insurance and undertakes to inform the Underwriters of any material alteration to those facts occurring before completion of the contract of insurance.

Signed by:

Position held:

For and on behalf of:

Date:

Please note: Unless dated this Questionnaire will not be valid.

Signing this Questionnaire 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 Questionnaire or any Proposal Form that they deem necessary.