



## Waste, Skip & Recycling Proposal Form

### Important Information

**You** must make a fair presentation of the risk to **Us** when **You** take out, renew or vary **Your Policy**. This means that **You** must tell **Us** about all facts and circumstances which may be material to the risks covered by **Your Policy** and **You** must do so in a clear and accessible manner. Material facts are those which are likely to influence **Us** in the acceptance or assessment of the terms or pricing of **Your Policy**. If **You** are in any doubt as to whether a fact is material, **You** should tell **Us** about it.

If **You** fail to make a fair presentation of the risk, where that failure is deliberate or reckless, or where **We** would not have issued, renewed or varied **Your Policy** had **You** told **Us** about a material fact or circumstance, **We** may treat **Your Policy** as if it had not existed and refuse to pay any claims and require **You** to repay any claims that **We** have already paid under the **Policy**. In other cases, **We** may only pay part of the value of **Your** claim or impose additional terms.

For these reasons, it is important that **You** check all of the facts, statements and information set out in this document and any other information provided are complete and accurate, and that **You** have answered any questions completely and accurately. If there is more than one person involved in **Your Business** or employed by **You**, **You** should check with them where appropriate that the facts and statements that **You** make are complete and accurate.

If any of the facts, statements or information about **You** or **Your Business** are incomplete or inaccurate, **You** or **Your** agent must contact **Us** immediately. Failure to do so may mean that **Your** claim will not be paid, or that **We** will impose different terms on **Your Policy**, or charge **You** a higher premium or, in the worst case, invalidate **Your Policy** and require **You** to repay any claims that have already been paid under the **Policy**.

### Data Protection (this notice applies to all sections of this application)

**You** should understand that information **You** provide to **Us** may contain personal data as defined under the General Data Protection Regulation (Regulation (EU) 2016/679). By providing this information, **You** consent to the processing of **Your** personal data by **Us** and their affiliated companies for the purposes set out in the Privacy Notice in the policy wording. **You** should be aware that some of these organisations may be located outside the United Kingdom and the European Economic Area. Please be assured that **We** have taken appropriate steps to safeguard your information according to relevant data privacy laws. Please contact **Us** if **You** require further information on measures undertaken to protect **Your** data. An explanation detailing how your information is used can be found within the Privacy Notice in the policy wording

**The policy wording applicable is:** Ascot Combined Liability Contractors (HR) v1.0 01 07 2021

Name:

Trading Title:

**Important information required**

If this policy provides Employers' Liability cover we will require the following:

Your Employers' Registration Number(s) (ERN) (also known as the Employer's PAYE reference)

Note – if you have more than one please state all of them

ERN

Confirmation of all the subsidiary companies insured by this policy and their appropriate ERN's

Name

ERN

Name	ERN

Address

**Section 1 - General Information**

1. Existing Insurer

Renewal Date

2. When was the company established?

3. Business Description

4. Limit of Indemnity Required

Public/Products Liability

£2 million

£5 million

Employers Liability

£10 million

5. Are you presently registered as Waste Carriers or Brokers by the Environmental Agency/ SEPA?

Yes

No

If Yes, please give details

If No, please state why

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6. Do you hold any form of Waste Management Licence, including Mobile Plant Licence issued by the Environmental Agency/ SEPA? Yes  No

If Yes, please give details

If No, please state why

## Section 2 - Estimate Wages & Turnover

1. Total Wage roll breakdown:

a) Clerical Staff, Managerial, Directors & Sales not engaged in manual work £

b) Proprietor/Partners own drawings not engaged in manual work £

c) Proprietor/Partners own drawings if engaged in manual work £

- d) Manual work at **Insured's own premises** breakdown

Pickers & Sorters £

Plant Operators £

Labour Only Sub Contractors £

All other Employees (please specify) \_\_\_\_\_ £

- e) Manual work **away from the Insured's own premises** breakdown

Plant Operators £

Drivers £

Labour Only Sub Contractors £

All other Employees (please specify) \_\_\_\_\_ £

f) All payments to Bona Fide Sub Contractors £

2. Please state the Turnover split for the following categories

a) Civic Amenity Sites & Waste Transfer Stations £

b) Waste Collection, Haulage, Transportation & Skip Hire £

c) All other Turnover (please specify) \_\_\_\_\_ £

3. Have you or do you anticipate working outside the UK? Yes  No

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If Yes, please give details

### Section 3 - Skip Hirers & Waste Transfer Station for Grading Own Skip Waste

1. Do you collect waste from any of the following locations?

Domestic premises	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Commercial Premises	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Landfill Sites	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Incineration Sites	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nuclear Sites	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Chemical Plants	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Petro-Chemical Plants	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Offshore Sites or Docks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Airports / Airside	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hospital, Doctors, Dentists or Vets	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Abattoirs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sewerage Treatment Plants	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mines & Quarries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Agricultural Sites	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If Yes, please give details

2. What types of waste is collected / handled?

Green (composting)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Furniture	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bricks / Rubble / Soil	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Food	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Metals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ELV's (End of Life Vehicles)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Paper / Cardboard	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tyres	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Glass	Yes <input type="checkbox"/>	No <input type="checkbox"/>	WEEE (Waste Electronic Electrical Equipment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Plastics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fridges / Freezers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Textiles	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Batteries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wood / Timber	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Used Engine Oil / Solvents	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other (please state)

3. **Hazardous Waste** (if indemnity is required for Hazardous Waste as defined by The Hazardous Waste (England & Wales) Regulations 2005, The Hazardous Waste (Northern Ireland) Regulations 2005 and The Special Waste Amendment (Scotland) Regulations 2004 please specify below.

- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| a) Unlicensed Asbestos Containing Materials (e.g. asbestos cement / floor tiles) | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| b) Licensed Asbestos Materials   | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |

If Yes, please give details

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4. Are you licenced as a Waste Transfer Station? Yes  No   
 If Yes, are you involved in purely grading on-site by hand at your premises Yes  No   
 If No, please give full details
5. Do any members of the public have access to any areas of operation at your premises? Yes  No   
 If Yes, please give details
6. How many skips do you operate?
7. How many lorries do you operate?
8. How many dustcarts do you operate?
9. Are all skips on the public highway provided with adequate lights and cones and fluorescent markings? Yes  No
10. Are there any occasions where the local authority requires the Hirer to provide lights &/or cones for skips on the public highway? Yes  No   
 If Yes, please give details
11. Please attach a copy of your skip conditions of hire Attached?
12. Do you use heat away from your own premises? Yes  No   
 If Yes, please give details

#### Section 4 - Waste Recycling other than Skip Waste Grading

1. What types of waste are accepted at your reception site for sorting, recovery of materials or treatment?
- |                        |                              |                             |  |                              |                             |
|------------------------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Green (composting)     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Furniture                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bricks / Rubble / Soil | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Food   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Metals                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | ELV's (End of Life Vehicles)                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Paper / Cardboard      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Tyres  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Glass                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | WEEE (Waste Electronic Electrical Equipment) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Plastics               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Fridges / Freezers                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Textiles               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Batteries                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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Wood / Timber	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Used Engine Oil / Solvents	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Other (please state)

2. **Hazardous Waste** (if indemnity is required for Hazardous Waste as defined by The Hazardous Waste (England & Wales) Regulations 2005, The Hazardous Waste (Northern Ireland ) Regulations 2005 and The Special Waste Amendment (Scotland) Regulations 2004 please specify below.

a) Unlicensed Asbestos Containing Materials (e.g. asbestos cement / floor tiles)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Licensed Asbestos Materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If Yes, please give details

3. Any Other Hazardous Waste. If Yes details give details please below	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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4. Is a separate area of your site allocated for each of the above wastes you accept?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Yes, please explain the separation procedure

5. Do you transport waste from your site yourselves?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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6. Do you operate as a private company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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7. Do you have any term contracts with Local Authorities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Yes, please specify

8. Do you allow householders / members of the public access to your site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Yes, how are they supervised?

9. Do you allow third party Waste Carriers access to your site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Yes, please give details of their activities

10. Are you involved in any type of recycling process on your premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Yes, please give full details

## Section 5 - Health & Safety and Risk Assessment

1. Please specify any accreditations you hold (e.g. ISO 9000, IIP)

2. Do you have a written Health & Safety policy? Yes  No

If Yes, date of last review

Due date of next review

- Is your Health & Safety policy communicated to all employees and acknowledged by them in writing? Yes  No

- Is your Health & Safety policy communicated to any migrant workers in a language they understand? Yes  No

3. Who is responsible for Health and Safety within your company?

a) Name of Director / Employee

b) Position within the company

c) Qualifications in Health & Safety of person responsible.

4. Do you use an external organisation for advice or audit of your Health & Safety policy & systems? Yes  No

If Yes, please give full details

5. Have you carried out formal Risk Assessments, documented with relevant Safe Systems of Work? Yes  No

6. Do you have a formal safety-training plan for employees? Yes  No

7. Do you have a formal plan for the provision of Personal Protective Equipment (PPE)? (Ensuring employees sign for PPE and records are kept) Yes  No

8. Have you documented procedures for high-risk activities? Yes  No

9. Do you operate a formal Permit to Work scheme for high-risk activities? Yes  No

10. Do you have formal contractor control for visiting contractors? Yes  No

11. Do you have a documented fire emergency plan? Yes  No

12. Do you have a formal Health & Safety monitoring plan? Yes  No

13. Do you have a formal occupational health plan? (Noise assessments etc) Yes  No

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- |     |  |                                 |                                |
|-----|--|---------------------------------|--------------------------------|
| 14. | Do you have a formal documented accident investigation plan?   | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 15. | Do you carry out any form of behavioural assessments?  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 16. | Do you own or operate any "Machinery" at the premises? "Machinery" shall mean any equipment with mechanical or electrical parts capable of causing serious injury or damage and shall specifically include (but not be limited to) fixed woodworking machines power presses bailing machinery bench saws crushing machinery shredding machinery and conveyors. | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| a). | Is all machinery used guarded in accordance with current Government Regulations Health & Safety Legislation or Industry recommendations?   | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| b). | Do you supply to each person employed before use of machinery a written procedure for operation including the procedure for the clearance of blockages or obstructions   | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 17. | Describe any other Health & Safety activity or any additional comment as necessary   |                                 |                                |



**Section 6 - Claims Experience**

1. Have you in the past five years suffered any incident whatsoever which would have given rise to a claim under the policy for which your are proposing? Yes  No

If Yes, please give full details below

Date	Type (EL/PL/PR)	Details of Incident	Outstanding	Paid

Additional Information

**Section 7 - Declaration**

1. Has the Proposer or any Partner or Director of the Proposer ever been:
- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
| a) Convicted or charged (but not yet tried) with a criminal offence other than a motoring offence?  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| b) Given an official caution for a criminal offence (other than a motoring offence) within the last 3 years?                                    | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| c) Declared bankrupt or are the subject of any current bankruptcy proceedings or any voluntary or mandatory insolvency or winding up procedure? | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| d) The subject of a recovery action by Customs and Excise or the Inland Revenue?  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| e) Prosecuted under any Acts, statute or regulation?  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| f) Served with a Prohibition Notice?  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |

If Yes, please give full details




2. Has any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for the Proposer or any other person to whom this insurance would apply?
- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
|  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
|--|---------------------------------|--------------------------------|

If Yes, please give full details

**DATA PROTECTION**

The defined terms used in this section shall have the meaning given to those terms in the Data Protection Act 1998 (as may be amended from time to time).

In the course of providing insurance services to the proposed insured/insured, the insurer may have access to Personal Data. The proposed insured/insured warrants that it shall have obtained all necessary authorisations and approvals from Data Subjects prior to disclosing any Personal Data to the insurer (whether such disclosure is made directly by the proposed insured/insured to the insurer or indirectly by the proposed insured/insured to any agent acting on behalf of the proposed insured/insured or the insurer). The insurer shall be the Data Controller of any Personal Data provided to it.

The insurer undertakes that it shall only use any Personal Data provided to it for the purposes of performing its services in connection with its contract of insurance with the proposed insured/insured. This will include the processes of underwriting, administration and claims assessment as well as any necessary services ancillary thereto.

The insurer will hold all Personal Data provided to it securely and shall limit access to such Personal Data to those who have a need to see it. The proposed insured/insured hereby consents to the insurer sharing any Personal Data provided to it with its group companies, agents, reinsurers, claims handlers, loss adjusters, medical professionals and other professional advisors, healthcare management companies and any other necessary service providers with whom the insurer contracts in connection with the proposed contract/contract of insurance between the proposed insured/insured and the insurer

The insured acknowledges that the insurer may be required as a matter of law or regulation to disclose Personal Data provided to it to a Court of law or regulatory body such as the Financial Services Authority or any other public body or authority of competent jurisdiction and the proposed insured/insured hereby consents to any such disclosure.

The proposed insured/insured acknowledges that the insurance industry maintains certain registers for the purposes of fraud prevention and hereby consents to the insurer sharing Personal Data provided to it with fraud prevention agencies and other insurance companies for the purposes of fraud prevention and to validate your claims history

***Please read the Declaration carefully and then sign below. If there is more than one Proposer both should sign.***

I/We declare that the answers given to questions asked in this Proposal are true and complete to the best of my/our knowledge and belief.

I/We understand that if I/we have not given full and true answers to all questions asked on this proposal that my/our insurance may not protect me/us in the event of a claim.

I/We understand that any material fact, which is information that may influence the company in the acceptance of this insurance and the terms provided, has been disclosed and recorded.

I/We agree to accept the terms and conditions contained in this Policy applying to this Proposal.

Proposer's Signature	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>	Position	<input type="text"/>

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