

ONLY REQUIRED IF THE EDGE CLEANERS APPLICATION FORM HAS NOT BEEN COMPLETED



## Cleaners General Liability Insurance Addendum

Name of Insured

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### ACTIVITIES

Please split the estimated turnover % into the following activities:

CLEANING ACTIVITY – A	
Bathroom Cleaning Including Tile & Grout Cleaning & Mould Removal	
Curtain & Blind Cleaning	
Office Cleaning <i>(Outside Business Hours)</i>	
Residential: Bond / End of Lease Cleaning / Move Out Cleaning / Spring Cleaning / Renovation Cleans	
Residential Cleaning	
Retail Shop Cleaning (Outside Business Hours)	
Washing & Ironing Services <i>(Excluding Laundromats / Dry Cleaners)</i>	
<b>% of Turnover A</b>	

CLEANING ACTIVITY – B	
Body Corporate (Strata) Cleaning	
Builders Clean <i>(Internal)</i>	
Car Washing & Detailing	
Carpet / Upholstery Protection <i>(Residential &amp; Commercial)</i>	
Doctors / Dentist Office Cleaning <i>(Excluding Medical Waste)</i>	
Factories <i>(Office and toilet areas only)</i>	
Gutter & Roof Cleaning <i>(Excluding High Pressure)</i>	
Lawn Mowing & Garden Maintenance	
Residential Swimming Pools	
Rubbish Removal (Excluding Asbestos)	
Steam Cleaning	
Window cleaning <i>(Ground level commercial or up to 2 story residential)</i>	
<b>% of Turnover B</b>	

CLEANING ACTIVITY – C	
Builders Clean <i>(External)</i>	
Chimney Cleaning <i>(Residential)</i>	
Cinema Cleaning <i>(Outside Business Hours)</i>	
Crime Scene / Drug / Forensic Cleaning	
Factory Cleaning	

Floor Polishing, Stripping or Resealing	
High Pressure Washing <i>(External Walls, House Washing, Roof, Driveways &amp; Pathways, Patios, Shade Sails, Fences, Mould Removal)</i>	
Medical Facilities & Hospital Cleaning <i>(excluding Medical Waste)</i>	
Office Cleaning <i>(During Business Hours)</i>	
Public Toilet Cleaning <i>(Outside Business Hours)</i>	
Schools / Childcare Centres <i>(Outside Business Hours)</i>	
Shopping Centres / Common Mall / Arcades / <i>(Outside Business Hours)</i>	
Sports Leisure facilities / Gymnasiums <i>(Outside Business Hours)</i>	
Street Cleaning	
Window Cleaning (above ground floor commercial & under 10m, or above second story residential & under 10m)	
<b>% of Turnover C</b>	

CLEANING ACTIVITY – D	
Medical Facilities & Hospital Cleaning <i>(including Medical Waste)</i>	
Public Toilet Cleaning <i>(During Business Hours)</i>	
Schools / Childcare Centres <i>(During Business Hours)</i>	
Shopping Centres / Common Mall / Arcades / <i>(During Business Hours)</i>	
Sports Leisure facilities / Gymnasiums <i>(During Business Hours)</i>	
Window Cleaning <i>(above 10m, or using an EWP, or using rope access)</i>	
<b>% of Turnover D</b>	

OTHER ACTIVITIES – E (please list below)	%
<b>% of Turnover E</b>	

<b>TOTAL A+B+C+D+E (must = 100%)</b>	
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**RISK MANAGEMENT** (required for firm terms)

Please provide detailed risk management information in relation to the following areas:

**Employees**

*Please attached a copy of one of their JSA's / SWMS*

Provide details of how the Insured manages risks associated with their employees (or attach relevant policies / procedures).

This should include, but not be limited to:

- background checks / induction
- keeping them safe (physically) on the job (ongoing training / JSA's / SWMS / toolbox / PPE / supervision)
- system for monitoring cleaners' presence within the worksite

**Contractors & Labour Hire**

*(only answer if Insured engages Contractors & Labour Hire Personnel)*

*If Contractors are engaged, please attach a copy of the Insured's TOBA (ie. contract between the Insured and the Contractor)*

*If Labour Hire Personnel are engaged, please attach a copy of the Labour Hire Company's TOBA*

*(ie. contract between the Labour Hire Company and the Insured)*

Provide details of how the Insured manages risks associated with their Contractors &/or Labour Hire Personnel.

This should include, but not be limited to (or attach relevant policies / procedures):

- selection
- induction / engagement
- keeping them safe (physically) on the job (JSA's / SWMS / toolbox / PPE / supervision)
- keeping them safe (mentally) on the job (bullying / harassment / discrimination)
- system for monitoring contractors' presence within the worksite

Are there written agreements in place with all Contractors &/or Labour Hire Personnel?

Yes  No

If "Yes"

• Under the agreement, are the Contractors &/or Labour Hire Personnel required to carry their own Public & Products Liability and Workers Compensation Insurances to at least the same levels as the Insured?

Yes  No

• Under the agreement, is the Contractors &/or Labour Hire Personnel liability insurance policy required to contain a blanket Principal's Indemnity extension or if not, is the policy required to be extended to note the Insured as Principal?

Yes  No

<ul style="list-style-type: none"> <li>Under the agreement, but only if the contractors operate in a Workers Compensation underwritten state (ie. ACT, WA, NT, TAS), is the Contractors &amp;/or Labour Hire Personnel Workers Compensation insurance required to be extended to include Principals Indemnity + Waiver of Subrogation (Act Benefits &amp; Common Law)?</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Insured have a written procedure to monitor the Contractors &/or Labour Hire Personnel insurances?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Where individual contractors are engaged and/or where the Insured is directly responsible for supervising the contractors/subcontractors, does the Insured have a written process to assess the suitability, health/fitness and qualifications of the contractors/subcontractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are all Contractors &/or Labour Hire Personnel required to complete a formal induction program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all Contractors &/or Labour Hire Personnel required to attend toolbox meetings?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Contract Management**

Provide details of how the Insured manages risks associated with the contracts they enter into with their customers and suppliers. This should include, but not be limited to: <ul style="list-style-type: none"> <li>do they have all contracts reviewed by their broker?</li> <li>do they have all contracts reviewed by internal or external legal counsel?</li> <li>how do they push back on waivers / hold harmless, joint insured provisions, Principal's attempting to contract out of Civil Liability legislation?</li> </ul>

**Other Risk Management**

Are immediate areas to the worksites cordoned off during the work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there appropriate signage?	Yes <input type="checkbox"/> No <input type="checkbox"/>

For during hours cleaning, what wet weather procedures are in place?

Is there an internal, full time safety officer, or a third-party consultant engaged to assist with risk prevention and mitigation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If "Yes" please provide full details:</b>	

Is there a named adjustor / third party consultant engaged to assist with under deductible claims / incidents?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If "Yes" please provide full details:</b>	

Do they maintain a written incident log (reported incidents by staff, contractors or third parties – injuries, incidents or near misses)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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*If "Yes", please attach a copy of their incident log for past 2 years*

Do they maintain a written schedule of locations cleaned (showing information such as: name of venue, location, hrs cleaned, duties and CCTV details)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If "Yes", please attach a copy

**LOSS HISTORY**

In the last 5 years, have you made a liability claim?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
In the last 5 years, have you suffered any uninsured liability losses or had any liability claims declined?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
In the last 5 years, are you aware of any circumstances that are likely to lead to a liability claim?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" to any of the above 3 questions, please attach full, current, loss history	

Have you ever suffered any uninsured liability losses or had any liability claims declined?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If "Yes" please provide full details:</b>	

**DECLARATION**

- I/We declare that my/our attention has been drawn to the Important Notice at the beginning of this Application form and further I/We I have read these notices carefully and acknowledge my understanding of their content by my/our signature/s below.
- I/We declare that all answers and statements made in this Application are true, correct and complete in every respect;
- I/We declare that where any part(s) of the Application has been completed by others, I/We have checked their answers and confirm they are true, correct and complete in every respect;
- I/We give permission for Edge Underwriting or the Insurer to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.
- I/We declare that should any information given by me/us alter between the date of this Application form and the inception date of the insurance to which this Application relates, I/We shall give immediately notice thereof.
- I/We declare that the undersigned is authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Application form and I/We complete this Application form on their behalf.

**Signed & Dated**

Name:		Signature	
Position:		Date	



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