

CLEANING INDUSTRY RENEWAL DECLARATION FORM

Insured: Policy Number:	Renewal Date:					
Business Description:						
Has your Business Descripti If "Yes", please give details:	on changed?		Yes □ No □			
Please provide Estimated Ann	ual Gross Figures	under the following	ng categories			
Category of Work	Own Employee Incl. Labour Onl	s Wages y Sub-Contractors	Payments to Bona-Fide Sub-Contractors		Turnover	
	2022-23 Actual	2022-23 Estimated	2022-23 Actual	2022-23 Estimated	2022-23 Actual	2022-23 Estimated
Clerical and Non Manual Staff						
Cleaning private dwellings, offices, restaurants, pubs, clubs & retail premises.						
Cleaning supermarkets, shopping centres, hotels, schools & industrial premises. Pressure washing max 1500PSI						
Window cleaning ground level Excluding the use of ladders						
Window cleaning above ground level (Specify Height)						
Cleaning using abseiling, ropes, slings & cradles etc						
Pressure washing greater than 1500PSI but less than 10,000 PSI						
Any Other (Please Specify)						
TOTALS:						

Please provide details of the 5 largest ongoing or imminent contracts.							
	Name of Client	Contract Value (Per annum)	Duration	Details			
1							
2							
3							
4							
5							
I/We declare that to the best of my/our knowledge or belief, the statements and particulars are true and complete and that no material facts are likely to influence the acceptance of this proposal. I/We agree to inform the insurer of any change to any material fact. I/We also declare that if any information on this renewal declaration form has been written by another person on my/our behalf that person acted as my/our agent for that purpose.							
Sig	nature:			Date:			
(Po	osition)						
For	r and on behalf of:						
Arachas Corporate Brokers Limited t/a Arachas, Capital Insurance Markets, Capital IM,							
Cov	Covercentre is regulated by the Central Bank of Ireland.						