

CLEANING INDUSTRY RENEWAL DECLARATION FORM

Insured:

Policy Number:

Renewal Date:

Business Description:

Has your Business Description changed?

Yes No

If "Yes", please give details:

<i>Please provide Estimated Annual Gross Figures under the following categories</i>						
Category of Work	Own Employees Wages <i>Incl. Labour Only Sub-Contractors</i>		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				

DECLARATION

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.

Signature:

Date:

(Position)

For and on behalf of:

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Registered Address: 9 Eastgate Avenue, Eastgate Business Park, Little Island, Cork T45 YN92.

www.arachas.ie