



geo

WASTE AND
RECYCLING



PROPOSAL FORM

1. Insured Details

Company Name

Registered Address

Does the business have an ERN exemption?

☐ YES ☐ NO

If “No” provide ERN

(please note, policy documentation will not be sent until the ERN has been received)

If the business is a partnership, LLP, Ltd or PLC please provide full details of all other partners or any subsidiaries on the 'Additional Information' sheet at the end of the proposal form.

If you operate from more than one address please list all other business addresses and their business use on the 'Additional Information' sheet.

Full business description:

(if you have a brochure or company literature, please attach them to this form)

2. Current Insurance Policies

Insurer:

Broker:

Premium:

Renewal Date:

Date Established:

Is the business VAT registered?

☐ YES ☐ NO

Please give details of any professional or trade associations you are affiliated to:

Has the current or any historic policy been written on a claims made basis?
If so please give details including retroactive dates:

Provide total number of employees/directors (excluding principal/partners) including labour only sub-contractors (maximum at any one time):

Provide total estimated wages in each category for the forthcoming year

- a. Clerical staff, managerial, directors, sales not engaged in manual work (£)
- b. Principal/partners own drawings not engaged in manual work (£)
- c. Principal/partners own drawings if engaged in manual work (£)
- d. Supervisors wages (£)
- e. Manual work at insured's **own** premises (£)
 - i. Pickers and sorters (£)
 - ii. Plant operators (£)
- f. All other employees/directors inc labour only sub-contractors (please declare by category below) (£)

i.

ii.

iii.

- g. Manual work **away from** the insured's own premises (£)
 - i. Plant operators
 - ii. Drivers

h. All other employees/directors inc labour only sub-contractors (please declare by category below) (£)

i.

ii.

iii.

j. Payments to bona fide sub-contractors

Please state the turnover split for the following categories **including** Landfill Tax:

	Last 12 Months (£)	Next 12 Months (£)
Civic amenity sites and waste transfer stations -		
Waste collection/haulage/transportation/skip hire		
Landfill		
All other turnover (please declare by category below)		
i.		
ii.		

Please state Landfill Tax for the Last 12 months (£)

Please state Landfill Tax for the Next 12 months (£)

Have you or do you anticipate working outside of the UK?

☐ YES ☐ NO

If “Yes” provide details below

Do you require Employers’ Liability (£10,000,000)?

☐ YES ☐ NO

Do you require Public/Products Liability?

☐ YES ☐ NO

If “Yes” state limit of indemnity required

☐ £1m ☐ £5m ☐ £10m ☐ Other (Please state)

Are you presently registered as waste carriers or brokers by the Environmental Agency/SEPA in Scotland/DOENI in Northern Ireland?

☐ YES ☐ NO

If “No” provide details below

Do you hold any form of Waste Management Licence, inc. Mobile Plant Licence issued by the Environment Agency/SEPA/DOENI?

☐ YES ☐ NO

If "No" or exempt provide details below

Please attach a copy of your last Consignee Quarterly Return to the Environment Agency, SEPA or DOENI (if applicable)

3. Civic Amenity Sites, Waste Transfer Stations, Recycling Centres and Waste Processing Plants

What types of waste are accepted at your reception site for sorting, recovery of materials or treatment?

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

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. Asbestos Containing Materials (ACM's)

- | | |
|--|--|
| i. Unlicensed asbestos materials (for example asbestos cement/floor tiles) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ii. Licensed asbestos materials (for example spray and other insulation, AIB and millboards) | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If “Yes” to either of the above, provide details below of storage/handling

b. Any other hazardous waste?

☐ YES ☐ NO

If “Yes” please provide details

Is a separate area of your site allocated for each type of waste that you accept?

☐ YES ☐ NO

If “Yes” explain the separation procedure below

Do you transport waste from your site yourselves?

☐ YES ☐ NO

Do you operate as a private company?

☐ YES ☐ NO

Do you have any term contracts with Local Authorities?

☐ YES ☐ NO

If “Yes” please provide details

Do you allow householders/members of the public access to your site?

☐ YES ☐ NO

If “Yes” provide details below of how are they supervised (include details of provisions made for this)

Do you allow third party waste carriers access to your site?

☐ YES ☐ NO

If “Yes” provide details below of their activities

Are you involved in any type of recycling process on your premises?

☐ YES ☐ NO

Do you collect waste from any of the following locations?

Domestic premises	<input type="checkbox"/> YES <input type="checkbox"/> NO	Offshore sites or docks	<input type="checkbox"/> YES <input type="checkbox"/> NO
Commercial premises	<input type="checkbox"/> YES <input type="checkbox"/> NO	Airports/airside	<input type="checkbox"/> YES <input type="checkbox"/> NO
Landfill sites	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hospitals/doctors/dentist/vets	<input type="checkbox"/> YES <input type="checkbox"/> NO
Incineration sites	<input type="checkbox"/> YES <input type="checkbox"/> NO	Abattoirs	<input type="checkbox"/> YES <input type="checkbox"/> NO
Nuclear	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sewage treatment plants	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chemical plants	<input type="checkbox"/> YES <input type="checkbox"/> NO	Mines and quarries	<input type="checkbox"/> YES <input type="checkbox"/> NO
Petro-chemical plants	<input type="checkbox"/> YES <input type="checkbox"/> NO	No Agricultural sites	<input type="checkbox"/> YES <input type="checkbox"/> NO

**If the answer is “Yes” to any of the above provide details below.
Please use the ‘Additional Information’ sheet if necessary**

What types of waste are collected/handled?

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

Any other hazardous waste?

☐ YES ☐ NO

If “Yes” provide details below

How many skips do you operate?

Are all skips sited on the public highway provided with adequate lights and cones and fluorescent markings?

☐ YES ☐ NO

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” provide details below

Please attach a copy of your skip conditions of hire

How many lorries and dustcarts do you operate?

Do you use heat away from own premises?

☐ YES ☐ NO

If “Yes” provide details below

3. Landfill Sites

Please complete this section for each site operated/owned.

Site Address

Address 1

Address 2

Please confirm whether you own or lease the site

☐ Own ☐ Lease

If you lease the site do you supply a contractual indemnity to the owner?

☐ YES ☐ NO

If “Yes” please provide a copy

What date did you lease the site?

If you own the site please confirm the date that you took ownership

When did land filling of the site first commence?

What was the original capacity of the site? (CuM)

What is the present capacity of the site? (CuM)

What is the estimated annual input to the site?

What is the anticipated restoration date?

Please provide details below of all types of waste accepted at the site?

Please confirm below what method of containment is in operation at the site

Please confirm below what methods have been employed to avoid control leachate breakout and landfill gas migration

Please provide details below of site security against fly tipping/trespass

Is there a public right of way on the site?

☐ YES ☐ NO

Please attach an OS Map clearly highlighting the site boundary

4. Health and Safety

Please specify any accreditations you hold:

Quality Management (e.g. ISO 9000 series)

☐ YES ☐ NO

Environmental Management (e.g. ISO 14000 series)

☐ YES ☐ NO

Other aspects of your business (e.g. IIP)

☐ YES ☐ NO

Do you have a written Health and Safety policy?

☐ YES ☐ NO

If "Yes" please confirm:

The year that it was originally prepared

The date of the last review

When was your Health and Safety policy last communicated to your employees?

Who is responsible for Health and Safety within your company?

Name of director/employee

Position within the company

Formal health and safety training qualifications

Do you engage an external organisation for advice/audit of your Health and Safety policy systems?

☐ YES ☐ NO

If “Yes” provide details below

Have you carried out formal risk assessments, documented with relevant Safe Systems of Work?

Do you have a formal plan for review of risk assessments?

☐ YES ☐ NO

Do you have a formal safety-training plan for employees?

☐ YES ☐ NO

Do you have a formal plan for the provision of Personal Protective Equipment (PPE) (as required by the Personal Protective Equipment at Work Regulations 1992)?

☐ YES ☐ NO

Do employees sign for PPE and are records kept?

☐ YES ☐ NO

Have you documented procedures for high risk activities?

☐ YES ☐ NO

Do you operate a formal Permit to Work scheme for high risk activities?

☐ YES ☐ NO

Do you have formal contractor control for visiting contractors?

☐ YES ☐ NO

Do you have a documented fire emergency plan?

☐ YES ☐ NO

Do you have a formal Health and Safety monitoring plan?

☐ YES ☐ NO

Do you have a formal occupational health plan (noise assessments etc)?

☐ YES ☐ NO

Do you have a formal documented accident investigation plan?

☐ YES ☐ NO

Describe any other Health and Safety activity or any additional comment as necessary

Please answer questions a. and b. in relation to this business or any previous business in which the proprietor, partners or directors have traded, in this or any other name:

a. Have any insurers in the last five years declined to insure any of you or your businesses, cancelled or refused to renew any insurance or imposed special terms?

☐ YES ☐ NO

b. Have there been any incidents in the last five years where the Health and Safety Executive, Environmental Health Office, Environment Agency or any other enforcement agency have served any of you with any enforcement measures, prohibition notices or criminal proceedings?

☐ YES ☐ NO

Please answer questions c. to f. in relation to the proprietor, partners or directors of this business. Convictions or cautions do not have to be declared if they have become spent under the Rehabilitation of Offenders Act 1974. Reference to the Rehabilitation of Offenders Act 1974 is a reference to it as it is in force for the time being, taking into account any amendment, extension or re-enactment, and includes any subordinate legislation for the time being in force made under it.

- c. Have any of you in the last five years been declared bankrupt or insolvent, in connection with this or any other business in this or any other name, or been disqualified from being a company director or been involved as owner, proprietor, partner or director with any company which went into receivership, administration or liquidation? ☐ YES ☐ NO
- d. Have any of you in the last six years been the subject of any County Court Judgment and/or been cited in any unsatisfied court judgments (or the Scottish equivalent) and/or have any court judgments pending? ☐ YES ☐ NO
- e. Have any of you been convicted or charged (but not yet tried) with any criminal offence other than a motoring conviction? ☐ YES ☐ NO
- f. Have any of you committed any offence to which you have admitted and for which you have received an official police caution? ☐ YES ☐ NO

If the answer to any question is "Yes" please provide full details on the 'Additional Information' sheet at the end of the proposal form.

5. Claims History

- a. In relation to this business or any previous business in which the proprietor or any partners or directors have traded, in this or any other name, has there been a claim under any of the cover(s) requested within the last 5 years? ☐ YES ☐ NO
- b. In relation to this business or any previous business in which the proprietor or any partners or directors have traded, in this or any other name, have there been any incidents that could have given rise to a claim under any of the cover(s) requested within the last 5 years, for example a small fire? ☐ YES ☐ NO

If the answer to any question is "Yes" please provide full details on the 'Additional Information' sheet at the end of the proposal form.

6. Declaration

I/We declare that to the best of my/our knowledge and belief the answers and particulars given on the proposal form are true and complete, and that

I/we have not withheld any material information. I/we understand that failure to disclose such information may result in claims not being met.

I/We undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract of insurance. A Material

Fact is one which an insurer would regard as likely to influence their assessment and acceptance of this insurance. If you are unsure what to disclose, you should contact your adviser immediately.

I/We understand that this proposal form, together with any other information supplied, shall form the basis of the contract of insurance.

Signature:

Print Name:

Date:

Position:

7. Additional Information

Geo Underwriting and Geo Underwriting are trading names of Geo Underwriting Services Limited authorised and regulated by the Financial Conduct Authority. FCA

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The Financial Conduct Authority website, which includes a register of all regulated firms can be visited at www.fca.org.uk or the Financial Conduct Authority can be contacted on 0800 111 6768. The Prudential Regulation Authority website can be visited at www.bankofengland.co.uk/pru or the Prudential Regulation Authority can be contacted on 020 7601 4878.