

CLEANING CONTRACTORS ADDENDUM

What types of premises are cleaned?	Turnover

What hours do you operate? _____

Do you clean during business operating hours	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' to the above please complete the rest of this section. Otherwise you may leave these questions blank.	
De you have a formal procedure plan in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all your staff familiar with this plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your procedure in the event of a spillage?	
Do you keep a record of all incidents reported to you that may give rise to a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the manager/owner of the property informed by you of potential claims/incidents?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signed: _____ Date: _____

Insured: _____