

PROFESSIONAL INDEMNITY & PUBLIC LIABILITY

ENERGY RATING ASSESSORS ONLY

This form is only suitable for Building Energy Assessors Only and is not suitable if you either Employ subcontractors or you have Employees or want cover in respect of any additional occupations.

PROPOSAL FORM

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THIS PROPOSAL MUST BE SIGNED BY A PARTNER OR DIRECTOR OF THE BUSINESS. ALL QUESTIONS MUST BE ANSWERED AND ADDITIONAL INFORMATION PROVIDED WHEN REQUESTED TO ENABLE A QUOTATION TO BE GIVEN. THE COMPLETION AND SIGNATURE OF THIS PROPOSAL DOES NOT BIND THE PROPOSER OR THE COMPANY TO COMPLETE A CONTRACT OF INSURANCE.

PLEASE USE AN ADDITIONAL SHEET OF PAPER WHERE NECESSARY TO PROVIDE COMPLETE ANSWERS TO ALL QUESTIONS.

ALL MONETARY AMOUNTS SHOULD BE STATED IN EURO

1. Name of the Firm/Partnership/Individual including Trading and Business Name:

Date of commencement of the firm :

2. a) Address (registered office and all branches):-

Email Address

Telephone Contact Numbers

b) Is a Partner/Director/Principal in full-time attendance at each address? Yes No

3. Activities undertaken

Building Energy Rating Assessors Only and no other for the purpose of this insurance

4. Please give the percentage split of fee income between the various activities and any intended change therein

%

Commercial Building Energy Rating Work
Domestic Building Energy Rating Work

5a) Is all your business conducted from offices in the Republic of Ireland? Yes No
If 'No', please provide details:

6.	Names in full of all Partners/Directors/Principals	Qualifications and date obtained	Length of time practising as Partner/etc. in this firm
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7. a) Staff (**excluding** Partners) :
- a) qualified : Full-time _____ Part-time _____
- b) unqualified : Full-time _____ Part-time _____
- b) Do you retain the services of any self-employed person? Yes No
If 'Yes', please provide details:
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- 8 Please give total income in Euro (including those paid to sub-contractors) generated from
- | | Last complete
year € | Current year
estimate € |
|---|-------------------------|----------------------------|
| a) Republic of Ireland/UK/
Channel Islands/Isle of Man | _____ | _____ |
| Total | _____ | _____ |
| Specify your Financial Year End : | _____ | _____ |
- d) Is the rateable fee income declared for any one particular Client or Group more than 20% of the total declared fee income for the past financial year? Yes No
If 'Yes', please provide details

Sub-contractors – **This insurance will not extend to cover you in respect of the work or acts of subcontractors – If you require this cover you will need to provide us with details of arrangements etc and we will try and obtain quote for you**

- During the last 10 years has any Insurer of this proposed type of insurance in respect of the Firm/Partnership, its current Partners/Directors/Principals and/or its former Partners/Directors/Principals and/or its Predecessors in business ever
- a) Declined to Insure? Yes No
- b) Imposed special terms? Yes No
- c) Cancelled or voided a policy? Yes No
- d) Requested the withdrawal of a claim? Yes No

If any answer is 'Yes', please give full details on a separate sheet

17. a) Have any claims or potential claims been made against the Firm/Partnership, their predecessors in business, or any of the present Partners/Directors/Principals or to the knowledge of the Firm/Partnership, against any past Partners/Directors/Principals ? Yes No
- b) Is any Partner/Director/Principal aware, **after enquiry**, of any circumstances which may result in any claims being made against the Firm/Partnership, their predecessors in business or any of the present or past Partners/Directors/Principals? Yes No

If 'Yes' is answered to a) or b) above, please provide details on a separate sheet including steps taken to prevent a recurrence

18. a) Since what date have you had Professional Indemnity cover ? _____
If there were any gaps in cover since then, please state for which period(s) _____
- b) If this is the first time the Firm/Partnership has applied to effect Professional Indemnity insurance, do you require cover for claims arising from work carried out prior to inception of the policy ? Yes No
- If 'Yes', please state since what year cover is required _____
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20. a) Limit of Indemnity for PI cover €1,300,000 Other _____

Do you require Public Liability cover – Limit of indemnity €6,500,000 - Yes No

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DECLARATION

I/We declare that the statements and particulars in this Proposal are true and that I/we have not mis-stated or suppressed any material facts. I/We agree that this proposal together with any other information supplied by/me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers or any material alteration to these facts occurring before completion of the Contract of Insurance.

Dated this _____ day of _____ 20_____

Signature of Partner _____

Name of Signatory (PLEASE PRINT) _____

A COPY OF THIS COMPLETED PROPOSAL FORM SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS.

