



## Professional Indemnity & Public Liability Insurance BER Assessors Association of Ireland

This policy is designed for Building Energy Rating (BER) Assessors only.

Activities in addition to BER may be considered provided full details are discussed and appropriate proposal form is completed.

Name under which practice is conducted ("Proposer"), include any predecessor(s) for whom cover is required:-	
Address:	Telephone Number:
Does the above adequately describe your Business / Occupation? Yes <input type="checkbox"/> No <input type="checkbox"/>	All activities for which cover is required, please provide full details:
Estimated annual fee income for forthcoming year	€

- 1)      a) Will you be acting as a domestic energy assessor: Yes  No   
           b) Will you be undertaking Blower Door testing and or thermal Imaging: Yes  No   
           c) Will you be acting as a Commercial (Non Domestic) Energy Assessor: Yes  No

- 2)      Please provide full details of each Partner / Principal/ Director and any employees who will be involved with any of the above activities

Name: Principals / Directors	Accreditation date as BER Assessor	Date registered with SEAI	Years trading
Employees	Accreditation date as BER Assessor	Date registered with SEAI	Years with firm

- 3)      If you use sub-contractors:

What % of your turnover is paid to them?	%	Do you ensure they carry their own Professional Indemnity Insurance?

- 4)      Claims Information:

Has any claim of a professional liability nature ever been made against you or any partner, principal or director?	Yes	No
Have any complaints been made against you or have any disciplinary proceedings been brought by a regulatory body?	Yes	No
After full enquiry is the Proposer aware of any circumstances which may give rise to a potential claim or request for indemnity under the policy?	Yes	No

If yes to any of the above please provide full details:-

- 5) Have you previously held professional indemnity insurance: Yes  No   
 Name of insurer (not broker):  
 If yes please provide retroactive date: / /

6) General questions:

Has your policy ever been cancelled or had special terms imposed?	Yes	No
Has a partner or member of staff been involved in any fraud or dishonesty?	Yes	No

If yes to any of the above please provide full details:-

- 7) Is there any additional information you wish to bring to our attention in connection with the risk being proposed? Yes  No

### Public Liability Questionnaire

The completion of this form in no way binds the Proposer to purchase insurance, nor does it bind Insurers to give insurance. Any information given will only be passed to Insurers for the purpose of quotation and will be treated as confidential.

If you have been given an indicative premium for Liability Insurance from us it was on the assumption that the following questions will be answered "NO". If the answer to any of them are "YES" then please provide full details on a separate sheet as we will need to reconsider the terms given.

**Have there been any claims, whether successful of not, against you in the last 5 years? Yes  No**

**Do you undertake any work of a manual nature? Yes  No**

**For the avoidance of doubt this does not include blower door testing.**

**Do you undertake any work offshore or do you have offices overseas? Yes  No**

**Are you involved in any process of manufacture or construction? Yes  No**

**Do you undertake any asbestos or rail Industry related work? Yes  No**

**Please read this paragraph carefully before signing the declaration:**

It is essential that every Proposer or Insured when seeking a quotation to take out or renew any insurance discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

**DECLARATION** I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Insurers. I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. HCC International Insurance Company PLC may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act. If you do not wish these details to be used for marketing please inform HCC International Insurance Company PLC in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact HCC International Insurance Company PLC.

**Signature of Principal:** \_\_\_\_\_

**Date:** / /

A copy of this proposal should be retained by you for your own records.  
 All questions must be answered fully, and those questions not relevant to you should be marked N/A  
 If there is insufficient space, please provide details on your letterhead.