

## Building Energy Rating Assessor Professional Indemnity Insurance Scheme

Professional Indemnity Proposal form

**The scheme is designed for Building Energy Rating (BER) Assessors only.**

*Activities other than BER may be considered provided full details are submitted for quotation  
(a separate submission may be required)*

|  |  |
|--|--|
| Name under which practice is conducted ("Proposer"), include any predecessor(s) for whom cover is required:-   |  |
| Address:   | Telephone Number:  |
| Does Building Energy Rating Assessor adequately describe your occupation?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> <span style="color: red; font-size: 2em;">→</span> | E-mail:  |
| Estimated annual fee income for forthcoming year: €  | If 'No' please state all activities for which cover is required. |

- 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 SEi | Years with firm |
|------------------------------|------------------------------------|--------------------------|-----------------|
|                              |                                    |                          |                 |
|                              |                                    |                          |                 |
|                              |                                    |                          |                 |
|                              |                                    |                          |                 |
|                              |                                    |                          |                 |
|                              |                                    |                          |                 |
| Employees                    | Accreditation date as BER Assessor | Date registered with SEi | 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| Have any complaints been made against you or have any disciplinary proceedings been brought by a regulatory body?                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |
|   |                              |                             |

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 <input type="checkbox"/> | No <input type="checkbox"/> |
| Has a partner or member of staff been involved in any fraud or dishonesty? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

## 7) What limit/s do you require or wish quotations for {tick}?

€ 1,500,000  / € 2,000,000  (Any one claim)

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

If yes please provide details: \_\_\_\_\_

## Declaration

I/ we confirm that the above answers, statements, particulars and additional information are true to the very best of my/our knowledge and belief. After a full enquiry, I/we also confirm that I/we have disclosed all information and material facts that may alter the Insurer's view of the risk, or affect their assessment of the exposures they are covering under the Policy. I/we understand that all answers, statements, particulars and additional information supplied with this proposal form will become part of and form the basis of the policy.

I/we undertake to inform Underwriters of any material alteration to these facts whether occurring before or after the completion of the contract of insurance.

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

For and on behalf of the Insured {Firm's name}: \_\_\_\_\_

Name (Printed in capital letters) : \_\_\_\_\_

Date:

## Data Protection

It is agreed by the proposer that any information provided to the Insurer will be processed by the Insurer, in compliance with the provisions of the Data Protection act 1998, for the purposes of providing insurance and handling claims, if any, which may necessitate providing such information to third parties. By signing this proposal form you are consenting to the use of information, including sensitive personal information, for the above purposes. Where personal information relates to third parties you confirm that it has been given the requisite consent to disclose such information to the insurer for processing.