

Dear ,

Your Client: \_\_\_\_\_

Re: Policy Number \_\_\_\_\_.

As you are no doubt aware, the above policy falls due for renewal \_\_\_\_\_. To enable us to calculate renewal terms, please complete and return the attached Declaration, Estimate and Renewal Questionnaire.

Should there need to be any amendment to the policy cover or if a higher limit of indemnity required, please advise us. Any fact which materially alters the risk must also be disclosed – if in doubt please advise the fact.

Where the policy includes Commercial All Risks, Business Interruption or Contract Works, please can you advise us of any alterations required to the sums insured or limits. Where Contract Works is included, please can you also confirm the total hiring charges for hired in plant, if cover is applicable.

Renewal terms will normally be provided 21 days prior to the renewal date subject to the receipt of the fully completed estimate form no less than 28 days prior to the renewal date.

Duplicate forms & other stationery are available from our website [www.ssr.co.uk](http://www.ssr.co.uk). We can also provide quotations for Personal Accident Insurance, so please let us know if you would like a quote.

We look forward to receiving your advices prior to the expiry of the policy to ensure continuity of cover. Please note that no extensions of cover are available beyond the renewal date and cover will cease if instructions have not been received.

Yours sincerely

Sutton Specialist Risks Ltd

Please note all calls are recorded for monitoring and training purposes

# DECLARATION FORM

For the Period Ending \_\_\_\_\_

QBE Insurance Combined Policy No: \_\_\_\_\_

Insured: \_\_\_\_\_

Type of Work	Directors, principals & partners wages (£)	Own employees and labour only sub contractors wages (£)	Bona Fide Sub Contractors payments (£)	Turnover (£)
Clerical, administrative, managerial and all other non-manual work				
<b>A. Manual Work</b>				
Work at ground level				
Work at height (excluding use of slings / cradles / abseiling / rope access methods)				
Work at height using slings / cradles / abseiling / rope access methods				
Work involving the use of firearms				
Any other – Please list below				
Amount of Turnover relating to the sale of products				
Totals				

# ESTIMATE FORM

For the twelve month period commencing \_\_\_\_\_

QBE Insurance Combined Policy No: \_\_\_\_\_

Insured: \_\_\_\_\_

Type of Work	Directors, principals & partners wages (£)	Own employees and labour only sub contractors wages (£)	Bona Fide Sub Contractors payments (£)	Turnover (£)
Clerical, administrative, managerial and all other non-manual work				
<b>A. Manual Work</b>				
Work at ground level				
Work at height (excluding use of slings / cradles / abseiling / rope access methods)				
Work at height using slings / cradles / abseiling / rope access methods				
Work involving the use of firearms				
Any other – Please list below				
Amount of Turnover relating to the sale of products				
Totals				

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# RENEWAL QUESTIONNAIRE

**QBE Insurance Combined Policy No:** \_\_\_\_\_  
**Insured:** \_\_\_\_\_

	YES	NO
Are you a member of any Regulatory Body or Trade Association?	<input type="checkbox"/>	<input type="checkbox"/>
Are you accredited or registered with an Approvals or Certification Body in respect of the work undertaken?	<input type="checkbox"/>	<input type="checkbox"/>
If YES please give details below including membership number		
Do you have ISO 9001 Accreditation	<input type="checkbox"/>	<input type="checkbox"/>
Do you have Safe Contractor Accreditation	<input type="checkbox"/>	<input type="checkbox"/>
Do you have less than 10 employees	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you undertake work (or supply goods) which:</b>		
Involves the use of firearms?	<input type="checkbox"/>	<input type="checkbox"/>
Involving crop spraying?	<input type="checkbox"/>	<input type="checkbox"/>
Involving soil treatment	<input type="checkbox"/>	<input type="checkbox"/>
Is outside Great Britain?	<input type="checkbox"/>	<input type="checkbox"/>
Any work involving the use of heat (naked flames) away from your premises?	<input type="checkbox"/>	<input type="checkbox"/>
Is at a height in excess of 16 metres?	<input type="checkbox"/>	<input type="checkbox"/>
At a depth exceeding 2 metres?	<input type="checkbox"/>	<input type="checkbox"/>
Is on board ships, on off-shore installations, at airports, chemical or petrochemical works, nuclear installations, bulk oil or gas storage facilities, on or alongside railway tracks?	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered YES to any of these questions, please provide full details including turnover & wages estimates for these activities.		
Are you aware of any claim prior to the inception of insurance with us of which we have not yet been notified or where the position of the claim has changed since originally disclosed? If so please provide full details alongside a run-off ABI claims experience.	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE:**

The policy will automatically include free Professional Indemnity Insurance (subject to completed Declaration Form) with a limit of indemnity of £100,000, provided less than 10% of the turnover is from Specified Professional Activities excluding PAT testing (as above).

Where this work accounts for more than 10% of the turnover, cover may still be available but we will require a fully completed Professional Indemnity proposal form. Limits over £100,000 are also available but we do also require a fully completed Professional Indemnity proposal form to quote. See [www.ssr.co.uk](http://www.ssr.co.uk)

# Employers' Reference Number

**QBE Insurance Combined Policy No:** \_\_\_\_\_  
**Insured:** \_\_\_\_\_

Where we provide an indemnity under the Employers' Liability Section, from the 1<sup>st</sup> April 2012, we are required by regulation to maintain a database of all the companies and subsidiary companies covered and provide details of all company names to the Employers' Liability Tracing Office Database.

**Note:**

It is a condition of this insurance that you undertake to supply full details (as required by the Employers' Liability Tracing Office) of the company and all subsidiary companies with their Employers' Reference Numbers.

Please provide the information requested below:

Insured Company Names (including Subsidiaries)	Employers' Reference Number (ERN)

**General Definition: Employers' Reference Number (ERN)**

An ERN (also known as an employer PAYE reference) is given to every business that registers with HM Revenue and Customs as an employer. This reference is made up of two parts: a three-digit HMRC office number and a reference number unique to your business. It will be as it appears on your correspondence with HMRC.