

Dear,

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

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

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

Should any amendment to policy cover or 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.

**The policy will automatically include free Professional Indemnity cover with a limit of £100,000 subject to the percentage of turnover relating to Specified Professional Activities being less than 10% of the overall turnover. Please refer to the question on the attached Renewal Questionnaire. Higher limits are available on request.**

Where Professional Indemnity insurance with a limit in excess of £100,000 is currently provided, insurers will require a freshly completed proposal form in order to invite renewal. A copy will be issued to you shortly but if you wish to obtain this form now, please visit our website [www.ssr.co.uk](http://www.ssr.co.uk).

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 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 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 (£)
	Above 10m	Below 10m	Above 10m	Below 10m		
Clerical or managerial (non manual)						
Solar Photovoltaic (PV)						
Solar Thermal						
Ground Source/Air Source Heat Pumps & Underfloor heating (domestic)						
Wind Energy/Turbines						
Home Insulation						
Ground Source/Air Source Heat Pumps & Underfloor Heating (all other than domestic)						
Biomass						
Micro - Hydro						
Micro CHP						
Rainwater Harvesting						
Any other work (please also advise what activity this relates to)						

# 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 (£)
	Above 10m	Below 10m	Above 10m	Below 10m		
Clerical or managerial (non manual)						
Solar Photovoltaic (PV)						
Solar Thermal						
Ground Source/Air Source Heat Pumps & Underfloor heating (domestic)						
Wind Energy/Turbines						
Home Insulation						
Ground Source/Air Source Heat Pumps & Underfloor Heating (all other than domestic)						
Biomass						
Micro - Hydro						
Micro CHP						
Rainwater Harvesting						
Any other work (please also advise what activity this relates to)						

# 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 LPG Blow lamps, LPG cutting equipment, Oxy-acetylene, Arc, MIG and TIG welding (away from your own premises)	<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"/>
Is outside Great Britain	<input type="checkbox"/>	<input type="checkbox"/>
Is in Northern Ireland	<input type="checkbox"/>	<input type="checkbox"/>
Is at a height in excess of 16 metres using slings/cradles/abseiling or rope access methods	<input type="checkbox"/>	<input type="checkbox"/>
At a depth exceeding 2 metres	<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.		

**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.