

National Plant Operators Registration Scheme Proposal Form



The products on this form are designed for accredited training providers of the National Plant Operators Registration Scheme and arranged by Watkin Davies Insurance Consultants Ltd.

1. Your details

Full name

Company Name / Trading Title

Address

Postcode

Telephone Mobile

Email

What was your annual income for the last completed financial year? £

(If you have not yet completed a full financial year, please provide an estimation of income).

In which year was your business established?

What is your waggeroll for the forthcoming year? £

What is your HMRC Employers Reference Number?

You must provide the HMRC ERN if you require employers' liability insurance to cover an employer in England, Scotland, Wales or Northern Ireland. This is mandatory information that we will provide to the Employers' Liability Tracing Office (ELTO).

If your business does not have an HMRC Employers' Reference Number (ERN), please confirm the reason for this from the following:

- all employees earn less than the PAYE threshold
- the business is registered in Jersey or Guernsey
- the business does not have any employees

Additional employers and subsidiary companies

Do you have any additional UK employers or subsidiary companies covered for employers' liability insurance by this policy? Yes No

If this insurance policy will be required to cover employers or subsidiary companies other than the main insured company above, please refer to your broker who will provide you with a supplementary sheet to complete.

Please confirm that one or more of the principals has at least five years experience in the relevant industry: Yes No

If No, please provide CVs for all principals.

2. Cover

Professional indemnity packages – please select income category					
Limit of indemnity (any one claim excluding defence costs)	Turnover				
	£0 - £50,000	£50,001 - £100,000	£100,01 - £150,000	£150,001 - £200,000	£200,001 - £300,000
£250,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
£500,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
£1,000,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
£2,000,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional office packages					
Packages	Option 1	Option 2	Option 3	Option 4	Option 5
Wageroll	<£nil	<£100k	<£100k	<£100k	<£250k
Office contents	£nil	£nil	£5,000	£10,000	£25,000
Computers at the premises	£nil	£nil	£2,500	£5,000	£15,000
Portable equipment including laptops (UK)	£nil	£nil	£1,000	£2,500	£10,000
Employers' liability	£nil	£10m	nil	£10m	£10m
Public liability	£2m	£2m	£2m	£2m	£2m
Selected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public liability	£5m	£5m	£5m	£5m	£5m
Selected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Higher limits are available upon request. This will be charged at an additional premium and must be requested under section 7 and agreed in advance.

Period of insurance

This will be an annual policy unless otherwise advised or agreed prior to inception.

Retroactive cover

If you currently purchase professional indemnity cover, please provide the date when you first purchased cover without any gaps in insurance.

If you currently purchase professional indemnity cover, please provide the date when you first purchased cover without any gaps in insurance. / /

3. Statement of fact

You must read this document to ensure that all the facts stated below are accurate and complete. If any of the facts stated below or any of the information provided to us is not correct or needs to be changed, you must tell us before the start of the period of insurance.

If there are changes to this information during the period of insurance you must tell us. When we are notified of a change we will tell you if this affects your policy. If you do not inform us about a change it may affect any claim you make or could result in your insurance being invalid.

Business activities

You can confirm that the following business description is accurate (this will appear on your policy document):

- The provision of training and assessment services as an accredited trainer for the National Plant Operators Registration Scheme.*

*** (Cover can be provided for other similar & recognised Schemes; these must be listed below and agreed prior to inception).**

Also you confirm that:

- all your work is carried out in the UK and for UK-based clients;
- you have never been convicted of or charged with any offence, other than a motoring offence or conviction spent under the Rehabilitation of Offenders Act 1974;
- you have never been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt either in a personal capacity or as a business.

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Other Schemes / Recognised Accrediting Bodies

Please list any other associated and recognised schemes or accrediting bodies that you are a member of (e.g. CPCS, LANTRA, NVQ, IPAF etc):

Minimum security requirements

The following applies to the business premises listed in section 1, for which property cover is required

1. the final exit door is secured by:
 - a. a mortice deadlock conforming to or superior to BS3621; or
 - b. a rim automatic deadlock conforming to or superior to BS3621; or
 - c. a key operated multi-point locking system having at least three locking bolts.
2. any other external door or internal door providing access to any part of the building not occupied by you, which is not officially designated a fire exit by the local fire authority, is secured by:
 - a. a locking device specified in 1 above; or
 - b. by two key-operated security bolts to engage the door frame.
3. any other external door or internal door which is officially designated a fire exit by the local fire authority is secured by:
 - a. a panic bar locking system incorporating bolts which engage both the head and sill of the door frame; or
 - b. a mortice lock having specific application for emergency exit doors and which is operated from the inside by means of a conventional handle and/or thumb turn mechanism.
4. all ground and basement level opening windows and any upper floor opening windows or skylights accessible from roofs, balconies, fire escapes, canopies, downpipes and other features of the building are:
 - a. secured by means of a key-operated locking device; or
 - b. permanently screwed shut.

Please note:

- i. the local fire authority must be consulted before you replace or augment the existing locking device fitted to a designated emergency exit door; and
- ii. the provisions of specification 4 do not apply to windows or skylights that are protected by means of either:
 - a. secured by means of a key-operated locking device; or
 - b. permanently screwed shut.
 - c. proprietary collapsible locking gate grilles.

Construction and location

1. The premises is constructed with walls of brick, stone or concrete and roofed with slates, tiles or profile metal.
2. The premises is heated by a conventional electric, gas, oil or solid fuel central heating system.
3. The electrical installation at the premises is inspected at least every five years by a qualified electrician and all defects are remedied accordingly.
4. To the best of your knowledge, the premises:
 - a. have not been affected by flooding; and
 - b. are not within 500 metres of any water source.

4. Construction Plant Insurance Section (if required)

Own Plant Sum Insured	£
Address at which Plant is Stored overnight	
Details of any additional security at site	CCTV <input type="checkbox"/> Gated Compound <input type="checkbox"/> Security Patrol <input type="checkbox"/> Stored Internally <input type="checkbox"/> Alarm <input type="checkbox"/>
Are any items of Plant fitted with Trackers or registered with CESAR	Tracker <input type="checkbox"/> CESAR <input type="checkbox"/>
Maximum Value of any one item	£
Hired in Plant Sum Insured	£
Hired in Plant Charges per annum	£
Please confirm your Plant does not include any of the following;	
<ul style="list-style-type: none"> - agricultural machinery including tractors, combine harvesters, balers and conveyors; - scrap metal processing machinery (including but not limited to shredders fragmentisers and compactors); - timber and forestry equipment (including but not limited to harvesters and forwarders); - combustible waste processing machinery; - woodchippers and shredders; and - quad bikes. 	

5. Claims and losses

You confirm the following statements to be true:

- in the last three years no claim or loss, whether successful or not, has occurred or been made against you or your predecessors in business, or any past or present partner, principal, director or employee.
- you are not aware after reasonable enquiry of any matter which may lead to a claim against you. This includes, but is not limited to:
 - a. a shortcoming or problem in your work known to you which you cannot reasonably put right;
 - b. a complaint about your work or anything you have supplied which cannot be immediately resolved;
 - c. an escalating level of complaint on a particular project.
 - d. a client withholding payment due to you after any complaint.
- you are not aware of any loss from the dishonesty or malice of any employee or self-employed freelancer.
- you are not aware, after enquiry, of any potential disease or injury to an employee that may give rise to a claim.
- you have not had an insurance or proposal cancelled, withdrawn, declined or made subject to special terms.

6. Capacity in which we act

Important notice for your protection

When sourcing and placing your policy and dealing with a claim we will act on behalf of the Insured. We are permitted to arrange, advise on, deal as an agent of insurers, assist in claims handling and help with changes to your policy. We introduce you to an Insurer and Premium Finance provider(s) to arrange lending facilities in respect of general insurance policies.

7. Acceptance

I would like to proceed with cover to start on*

/ /

*Please note that you can choose for cover to commence on any date within 30 days from when you sign this form. The commencement date cannot be in the past. Your application will be rejected if you choose a commencement date in the past or more than 30 days in the future.

Please note that this is a request for a quotation and cover can only be bound following review of this form and acceptance of any subsequent terms offered.

I confirm that I have read the statement of fact and claims and losses sections above and I accept and agree the offer of insurance based on the cover and limits detailed above.

Yes No

If No, please speak to your broker.

8. Material information

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

9. Data protection

By signing this proposal form you consent to Watkin Davies using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998 (&/or any subsequent legislation). You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

General Data Protection Regulation effective from 25th May 2018, imposes additional obligations on organisations and gives you extra rights around how your data is used.

We want you to know that we respect the information we hold on you and that we take the security of your information very seriously.

Our Privacy Policy can be reviewed here <http://www.watkindavies.com/privacy-policy>

Employers Liability Tracing Office (ELTO) and your data

Your policy details will be added to the employer's liability database, managed by the Employers Liability Tracing Office (ELTO). This data will be available for search by registered users as well as individual claimants on a limited basis, who wish to verify the employers' liability insurer of an employer at a particular point in time.

You can find out more from **your** insurance adviser (if **you** have one); or by contacting **us**; or at www.elto.org.uk

10. Declaration

I /we confirm that the information given in this proposal form is correct, accurate and complete and I have made a fair presentation of the risk.

Name

Position within the company

Signature

Date

Please return this proposal acceptance form to Watkin Davies once it has been completed.

11. Complaints

Our aim is to ensure that all aspects of your insurance are dealt with promptly, efficiently and fairly. At all times we are committed to providing you with the highest standard of service. If you have any questions or concerns about the sale of your policy or the service offered by your broker, you should contact Watkin Davies Insurance Consultants Ltd:

Telephone:

02920 626 226

Email:

daniel.abbott@Watkindavies.com

Address:

Watkin Davies Insurance Consultants Ltd
15 & 19 Penline Road
Whitchurch
Cardiff CF 14 2AA

Our Complaints procedure can be viewed here: <http://www.watkindavies.com/complaints>