



The products on this form are designed for accredited training providers of NPORS 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 estimated wage roll for the forthcoming 12 months? £

Please confirm the number of Directors

Please confirm the number of Employees (other than Directors)

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 – please select limit of indemnity category	
Limit of indemnity	Any One Claim with defence costs and expenses paid in addition
£250,000	<input type="checkbox"/>
£500,000	<input type="checkbox"/>
£1,000,000	<input type="checkbox"/>
£2,000,000	<input type="checkbox"/>
Other – please specify	£

Public & Products Liability – please select limit of indemnity category if required	
Limit of indemnity	Any One Claim, but in the Aggregate for Products Liability only, with defence costs and expenses paid in addition
£2,000,000	<input type="checkbox"/>
£5,000,000	<input type="checkbox"/>
Other – please specify	£

Employers Liability – please select limit of indemnity category if required	
Limit of indemnity	Any One Claim, inclusive of defence costs and expenses
£10,000,000	<input type="checkbox"/>
Other – please specify	£

Office / Premises additional option – please confirm total values of the following if required*	
Buildings / Tenants Improvements	£
Office contents (non-electrical)	£
Computers & Electrical Equipment at the premises	£
Portable Electronic Equipment including laptops (UK)	£
Business Interruption cover (Increased Cost of Working) - Only available if Property/Contents items are included above	£
If covers included above, is Terrorism Insurance required?	Yes / No
<i>* If completed, please refer to the Office / Premises Declaration to be completed</i>	

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 and any other similar or recognised Schemes as have been declared and accepted.”

Cover can be provided for other similar & recognised Schemes and activities; these must be listed / declared below and agreed by insurers prior to inception

Additional and/or ancillary business activities can be included provided that they are fully declared and agreed including but not limited to PAT testing and other testing and/or inspection services such as under LOLER or PUWER

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;

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):

Other Activities

Please list any other activity undertaken by your company not noted in the above sections (i.e. plant inspection, electrical and/or PAT testing, etc.)



Premises Declaration

If Office / Premises covers have been requested, please confirm if any of the following are true:

- | | | | |
|--|--------------------------|--|--------------------------|
| Premises are in an areas which is at risk of flood | <input type="checkbox"/> | Premises is not standard construction (i.e. brick/block/slate) | <input type="checkbox"/> |
| Premises are listed | <input type="checkbox"/> | Premises or adjacent premises show signs of subsidence | <input type="checkbox"/> |
| Premises have previously been flooded | <input type="checkbox"/> | Premises roof is flat or partially flat | <input type="checkbox"/> |
| Premises is not in your sole occupation | <input type="checkbox"/> | | |

Directors & Officers Liability / Entity Defence Declaration

If Directors & Officers Liability or Entity Defence covers have been requested, please confirm the following:

Total Assets (if known) £

Have you made a net profit in the last 12 months (or do you expect to if not established for 12 months)?

Please confirm if any of the following are true:

- | | | | |
|--|--------------------------|------------------------------------|--------------------------|
| You or any directors are disqualified in the past from holding a licence or post | <input type="checkbox"/> | Company is a subsidiary of another | <input type="checkbox"/> |
| Litigation has been brought against past or present directors or officers of the company | <input type="checkbox"/> | | |

4. Construction Plant Insurance Section (if required)

Own Plant Sum Insured	£				
Maximum Value of any one item	£				
Hired in Plant Sum Insured	£				
Hired in Plant Charges per annum	£				
Address at which Plant is Stored overnight					
Is Own or Hired in Plant (in your control) used in any environment other than Training	Yes / No				
If Yes, please provide details					
Is Plant Hired In/Out under CPA or HAE Conditions (or similar)	Yes / No				
If No, please provide details					
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"/>				
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. 					
	<table border="1" style="display: inline-table;"> <tr> <td style="width: 50px; text-align: center;">Yes</td> <td style="width: 50px;"></td> <td style="width: 50px; text-align: center;">No</td> <td style="width: 50px;"></td> </tr> </table>	Yes		No	
Yes		No			

5. Claims, Losses & Material Disclosures 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.
- You have not; been declared bankrupt or insolvent in connection with this or any other business in this or any other name, or been disqualified from being a company director or been involved as owner
- In the last six years, you have not; been the subject of any County Court Judgment and/or been cited in any unsatisfied court judgments (or the Scottish equivalent) and/or have any court judgments pending
- There have not been any incidents in the last five years where the Health and Safety Executive, Environmental Health Office, Environment Agency or any other enforcement agency have served you with any enforcement measures, prohibition notices or criminal proceedings

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. Other 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 CF14 2AA

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

APPENDICIES – NPORS Insurance Scheme

APPENDIX A

High Risk / Hazardous Activities Locations:

(in relation to sites visited and areas worked in/around – rather than sectors where services are provided to)

	Yes / No
Airports	<input type="checkbox"/> / <input type="checkbox"/>
Blast Furnaces	<input type="checkbox"/> / <input type="checkbox"/>
Bridges or viaducts	<input type="checkbox"/> / <input type="checkbox"/>
Dams	<input type="checkbox"/> / <input type="checkbox"/>
Demolition sites	<input type="checkbox"/> / <input type="checkbox"/>
Docks, harbours, piers or wharves	<input type="checkbox"/> / <input type="checkbox"/>
Explosive facilities	<input type="checkbox"/> / <input type="checkbox"/>
Marine Industry or Watercraft and/or Hovercraft	<input type="checkbox"/> / <input type="checkbox"/>
Ministry of defence properties	<input type="checkbox"/> / <input type="checkbox"/>
Nuclear Installations	<input type="checkbox"/> / <input type="checkbox"/>
Offshore Structures	<input type="checkbox"/> / <input type="checkbox"/>
Oil, Gas or Chemical Industry Production/Bulk storage premises	<input type="checkbox"/> / <input type="checkbox"/>
Petrochemical Works	<input type="checkbox"/> / <input type="checkbox"/>
Power Stations	<input type="checkbox"/> / <input type="checkbox"/>
Pylons	<input type="checkbox"/> / <input type="checkbox"/>
Quarries	<input type="checkbox"/> / <input type="checkbox"/>
Railways	<input type="checkbox"/> / <input type="checkbox"/>
Refineries	<input type="checkbox"/> / <input type="checkbox"/>
Spectator stands	<input type="checkbox"/> / <input type="checkbox"/>
Tanks	<input type="checkbox"/> / <input type="checkbox"/>
Towers, steeples, chimney shafts	<input type="checkbox"/> / <input type="checkbox"/>
Underground (including tunnels, wells or mines)	<input type="checkbox"/> / <input type="checkbox"/>
Underwater	<input type="checkbox"/> / <input type="checkbox"/>
Demolition Sites	<input type="checkbox"/> / <input type="checkbox"/>