

H&VCA Membership number _____

Office use only



H&VCA Ltd

Accreditation Membership Application

This form must be filled in to the best of your knowledge, information and belief.

Failure to do so or failure to disclose any relevant information will prejudice the application for membership of the H&VCA Scheme and will lead to disciplinary action in the future, which could result in withdrawal of membership.

This form requests information which relates to your eligibility to be an Energy Assessor. If you are assessed not to meet the eligibility criteria then there is an appeals procedure which you can use if you want to appeal against this assessment.

We reserve the right to come back to you to ask for further information.

Please ensure that you have completed all sections of this form and that you have enclosed the accompanying documents and membership fee.

If you need help to complete this application form or if you have any questions, or comments about the form that you would like to pass on, then please call us on 01704 874800 or email us at accreditation@hvca-ltd.co.uk

Please indicate the type of application

Domestic Energy Assessor Non-Domestic Energy Assessor L3
Non-Domestic Energy Assessor L4

Please indicate the status of application

Newly Qualified Member Application Scheme Transfer

Section A: Personal Details (Please complete in block capitals)

Title:	
Name:	
Address:	
Postcode:	
Time at this address:	_____ years
Email:	
Telephone:	
Landline:	
Mobile:	
Fax:	

Business details if different from above:

Name of Business:	
Nature of Business:	
Position Held:	sole proprietor/ partner/ consultant/ other : please specify
Address:	
Postcode:	
Email Address:	
Telephone:	
Landline:	
Mobile:	
Fax:	
Postcode areas you will operate in:	

National Insurance Number:									
Date of Birth:	(dd/mm/yyyy)								
Nationality:									
Gender:	Male / Female								

Section B: Details of Qualification

Name of Qualification:	
Registration Number:	
Awarding Body:	
Date Obtained:	

Section C: Details of other Memberships

Please provide us with Details of Membership of other Accreditation or Certification Schemes or professional bodies (including current applications where the outcome is not yet known) we reserve the right to take up references of other membership bodies.

Certification or Registration Scheme/Professional Body:	
Date of application or date membership awarded:	
Membership Number:	
Date of application or date membership awarded	

Have you ever been refused membership? Yes / No

Section D: Details of Existing Insurance

Please note that Indemnity and liability insurance is included in your membership on a 'per click' basis.

Please provide details of any **existing** professional indemnity insurance which you have in place:

Name of Policy:	
Insurance Company:	
Policy Number:	
Insured Amount:	
Excess/Deductible:	
Duration of Policy:	
Expiry Date:	
Any Extensions/Exclusions:	

Section E: 'Fit and Proper' Person

(please see Member Requirements and Code of Practice)

Please provide details of any convictions or cautions for any offence in the UK or elsewhere at any time:

Please provide details below of:

1. Any bankruptcy order or proceedings against you;
2. Any individual voluntary arrangement with or for the benefit of your creditors;
3. Any directors' disqualification;
4. Any disciplinary proceedings or consumer redress that have been taken or awarded against you by any other Accreditation/Certification Scheme, professional or regulatory body, trade association or any similar organisation. Please state the nature of the proceedings or consumer redress and the outcome (if known);
5. Any application to join any other Accreditation/Certification Scheme, professional or regulatory body, trade association or any similar organisation which has been declined at any time for any reason;
6. Any suspension or withdrawal of membership by or from any other Accreditation/Certification Scheme, professional or regulatory body, trade association or any similar organisation at any time;
7. Any arrest, detail any conviction or caution or charge or criminal proceedings in connection with any offence of any nature in any jurisdiction;
8. Whether you have ever been unable to obtain indemnity insurance or whether any special conditions or premiums have ever been applied to such a policy to your knowledge; and
9. Any other financial or legal history or any other matter which you think might be relevant.

Details:

Section F: Documents required to accompany this form

Initial application:

Please check that you have enclosed the following:

1. A passport sized photograph (please print your name on the back)
2. Your qualification certificate.
3. Passport or UK Driving Licence (both parts)
4. CRB basic disclosure (less than 12 months old) – needed only for Domestic Energy Assessor
5. One utility bill less than 6 months old.

Include the following documents if applicable.

1. Certified Copies of any documents relating to any matter disclosed in Section E above; and
2. Your certificates of professional indemnity insurance.

You should carefully read the following declarations prior to signing and dating this application.

I agree that the following information will be publicly available on the Register:

- my name
- my unique membership number (*which we will issue to you*)
- my membership status (active, suspended, withdrawn or not active within last 12 months)

If you would like your personal details to be displayed on the Landmark register which is publicly available please tick here

I agree that the information which I disclose in this form, including any personal data and sensitive personal data, may be shared with other Accreditation Schemes, the operator of the national register, and the Department for Communities and Local Government, and any employee, subcontractor or agent acting on their behalf. The outcome of this application, whether positive or negative, may also be shared with other Accreditation Schemes.

I understand that the Scheme will have to carry out checks on my identity and criminal record. I hereby grant permission for the Scheme and any employee, sub-contractor or agent acting on their behalf to carry out such a check (*you will be sent further forms and procedures to complete for this*).

I have read and understood the following documents which I agree I will have to comply with in order to be a member of the Scheme:

- The Member Requirements; and
- H&VCA Code of Conduct.

Declaration:

I confirm that the information I have provided in support of this application is complete and true, and understand that knowingly to make a false statement for this purpose is a criminal offence.

Signed _____ Dated : _____

Where your application is rejected you may appeal in writing to H&VCA Ltd and we shall deal with your appeal in line with our 'Appeals Procedure'.

Enterprise Insurance Services (Swansea) Limited
'Per Click' Proposal Form
Your Level 3 & 4 Commercial Energy Assessors Insurance

Insured Persons Name:	
Company Name:	
Address:	
Postcode:	
Telephone No:	
Fax:	
Email:	

Date of qualification as a Certificated Level 3 Commercial Energy Inspector:	
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Date of qualification as a Certificated Level 4 Commercial Energy Inspector:	
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Date of qualification as a Certificated Public Building Display Certificate Assessor (if applicable):	
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Name of accreditation company:	
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COVER

Professional Indemnity

Limit of Indemnity £2,000,000 Any One Claim

Public Liability

Limit of Indemnity £5,000,000 Any One Claim

Premium to be paid on a monthly declaration basis with each Certificate being charged as follows:

Each Commercial Level 3 Energy Certificate Insurance Premium Tax	£1.05 including
Each Commercial Level 4 Energy Certificate Insurance Premium Tax	£1.50 including

Each Public Building Display Energy Certificate
Insurance Premium Tax

£1.05 including

Each Advisory Report (attaching to Display Certificates)
Insurance Premium Tax

£1.05 including

Note that where a Display Energy Certificate and Advisory Report are issued a total charge of £2.10 will apply.

Should you require different Limits please contact us.

GENERAL DETAILS

During the last five years, have any claims (successful or otherwise) been made against you or are you aware of any circumstances which may give rise to a claim against you?	Yes / No
Have you ever been involved in any instances of fraud or dishonesty or been the subject of a criminal prosecution other than offences under the Road Traffic Act?	Yes / No
Have you ever been the subject of any County Court Judgements or Sheriff Court Decrees?	Yes / No
Have you ever been declared bankrupt or insolvent or been disqualified from being a company director or been involved as owner, director or partner with any company which went into receivership, administration or liquidation?	Yes / No
Have you ever been refused insurance or has any such insurance ever been cancelled or special conditions applied, other than standard market increases in premium?	Yes / No
If , YES to any of the above please provide details	

DECLARATION

Material Facts

All material facts must be disclosed. Failure to do so could invalidate the policy. A material fact is one which is likely to influence an insurer in the acceptance and assessment of the risk presentation. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer. If any changes in circumstances arise during the period of insurance cover please provide your insurer with details.

A specimen copy of the policy wording is available on request. We recommend you keep a record (including copies of letters) of all information provided to the insurer for your future reference. A copy of the completed application form will be supplied on request within a period of three months after its completion.

Choice of Law

The appropriate law as set out below will apply unless you and the insurer agree otherwise:

1. The law applying in that part of the UK, Channel Islands or Isle of Man in which you normally live or (if applicable)
 - a. the first named policyholder normally lives or;
2. In the case of a business, the law applying to that part of the UK, Channel Islands or Isle of Man where it has its principal place of business or; and
3. Should neither of the above be applicable, the law of England and Wales will apply.

If You Have a Complaint

We hope that you will be very happy with the service that we provide. However, if for any reason you are unhappy with it, we would like to hear from you. In the first instance, please write to:

Enterprise Insurance Services (Swansea) Limited, 22 Tawe Business Village, Phoenix Way, Swansea Enterprise Park, Llansamlet, Swansea, West Glamorgan SA7 9LA or telephone us on 01792 772778.

Enterprise Insurance Services Limited and Vision Underwriting Ltd are covered by the Financial Ombudsman Service. If you have complained to us and we have been unable to resolve your complaint, you may be entitled to refer it to this independent body. Following the complaints procedure does not affect your right to take legal action.

Telephone Call Recording

For our joint protection telephone calls may be recorded and/or monitored.

Data Protection Act

For the purpose of the Data Protection Act 1998, the Data Controller in relation to any personal data you supply is Enterprise Insurance Services (Swansea) Limited and Vision Underwriting Ltd.

Insurance Administration

The insurer, its associated companies and agents, reinsurers and your intermediary, may use information you supply for the purposes of insurance administration. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurers compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral role, county court judgements, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

In the case of personal data, with limited expectations, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

Credit Searches and Accounting

In assessing your application the insurer may search files made available to do it by credit reference agencies who may keep a record of that search. The insurer may also pass to credit reference agencies information it holds about you and your payment record. Credit reference agencies may share information with other organizations, enabling applications for financial products to be assessed or to assist the tracing of debtors or to prevent fraud.

The insurer may ask the credit reference agencies to provide a credit scoring computation. Credit scoring uses a number of factors to work out risks involved in any application. A score is given to each factor and a total score obtained. Where automatic credit scoring computations are used by the insurer, acceptance or rejection of your application will not depend only on the result of the credit scoring process.

Sensitive Data

In order to assess the terms of the insurance contract or administer claims that arise, the insurer may need to collect data that the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this application you will signify your consent to such information being processed by the insurer or its agents.

Marketing

Liberty Group and its agents may use your information to keep you informed by post, telephone, email or other means about products and services which may be of interest to you. Your information may also be disclosed and used for these purposes after your policy has lapsed. If you do not wish your information to be used for these purposes please write to **Vision Underwriting Ltd, Royal Mews, St Georges Place, Cheltenham, Gloucestershire GL50 3PQ.**

Fraud Prevention and Detection

In order to prevent and detect fraud we may at any time:

- Share information about you with other organizations and public bodies including the police;
- Undertake credit searches and additional fraud searches; and
- Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this.

We can supply on request further details of the databases we access or contribute to by contracting insurance advisor.

We and other organizations may also search these agencies and databases to:

- Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies; and
- Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity.

Claims History

- Under the conditions of your policy you must tell us about any insurance related incidents (such as fire, water, damage, theft or an accident) whether or not they give rise to claim. When you tell us about an incident we will pass information relating to it to a database; and
- We may search these databases when you apply for insurance, in the event of any incident or claim, or at time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

You should show these notices to anyone who has an interest in the insurance under the policy.

Declaration

I/We understand and the contents of the completed application and I/We declare that the information given is, to the best of my/our knowledge and belief correct and complete. I/We agree that the statements in the application shall form the basis of the contract between the insurer and myself/ourselves and if the risk is accepted I/We undertake to pay the premium when called upon to do so. I/We understand that my/our information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes.

Signed:

Date:

Please complete and return to Alun Jones, Enterprise Insurance Services (Swansea) Limited, 22

Tawe Business Village, Swansea Enterprise Park, Swansea, SA7 9LA.

Telephone No. 01792 772 778 Fax No. 01792 792 598

www.homeenergyinspectorinsurance.co.uk

Underwritten by Liberty Mutual Insurance Europe Ltd
(through Member Company, Vision Underwriting Ltd)

Registered in England No 4451375. Registered Office: Royal Mews, St Georges Place,
Cheltenham, Gloucestershire, GL50 3PQ

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