

BER Assessor Certificate of Insurance

*Indicates mandatory fields



This form must be completed by a Registered Insurance Broker or Agent, or Insurance Company licensed to issue cover in the Republic of Ireland, as approved by the Financial Regulator.

Assessor / Insured Details:

*Name of BER Assessor (s)/ Insured:	
SEAI BER Assessor Number(s):	
SEAI BER Employer Number:	
*Business Name as per SEAI BER registration:	
*Full Business description (as per policy):	

Please Note: All sections need to be completed. Only Assessor account numbers entered will be updated.

Public / Products Liability Insurance:

Policy provides and indemnity minimum limit of €6,500,000 any one event for Public Liability

*Policy No.		*Insurers:	
*Cover Start date:		*Expiration date:	

Professional Indemnity Insurance:

Professional liability insurance with a minimum limit of €1,300,000 for any one claim

*Policy No.		*Insurers:	
*Cover Start date:		*Expiration date:	

Employers Liability Insurance:

*Number of employees directly employed by the company:	
--	--

Employers' liability insurance is not mandatory if the number of employees is zero Policy provides an indemnity limit of not less than €13,000,000 for any one event.

Policy No.		Insurers:	
Cover Start date:		Expiration date:	

We hereby certify that the above-mentioned BER Assessor holds the indicated insurances including the minimum standards as indicated / required by the Sustainable Energy Authority of Ireland (SEAI) for participation as a Registered BER Assessor. Policy documents and current renewal receipts must be available for inspection by SEAI or their appointed agents. Insurance is an ongoing requirement for registration with SEAI and details must be completed with each new policy.

- The policies are in the jurisdiction of the Republic of Ireland
- Indemnity includes accidents occurring anywhere in Ireland
- Policy is current and the premium has been paid Domestic, Non-Domestic, DEC

*Please tick Assessor Registration type covered by Insurer

Domestic Non-Domestic DEC

Insurance Company or Broker or Agent's Details:

*Name:		*Insurance Company or Broker or Agent's Stamp
*Position/Status:		
*Signed:		
*Date:		