

**Insurance Backed Guarantee
and Deposit Indemnity Scheme Application Form**



Company Details:

Company Name	
Trading Address	
Registered Address	

Tel		Fax		Contact Name	
Mobile		email			

Holding or Group Parent Co	
Address	

Directors/Partners/Sole Trader:

Full Names			
Home Addresses Directors/Partners/ Sole Trader			
DoB Directors/ Partners/Sole Trader			
Title/Position			

Approximate number of installations		Delete as Appropriate	<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Annual</td> </tr> <tr> <td style="padding: 2px;">Monthly</td> </tr> </table>	Annual	Monthly
Annual					
Monthly					

Do You Take Deposits **Yes** **No**

Please Note: If your company regularly takes deposits you are obliged to provide your customer with an Indemnity Guarantee

History/Background:

Formation Date	<input type="text"/>	Company No (if applicable)	<input type="text"/>
FENSA No (if applicable)	<input type="text"/>	GGF No (if applicable)	<input type="text"/>
CERTASS No (if applicable)	<input type="text"/>	No of Employees	<input type="text"/>
Are You a Member of other Trade Federation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes Which One(s)	<input type="text"/>		
Current IBG/Deposit Indemnity Supplier	<input type="text"/>		

Manufacturer and Guarantee Details:

Profile Type	<input type="text"/>		
Fabricated Frame Supplier	<input type="text"/>		
Your Own Written Guarantee Details			
Frames	Period of Guarantee	<input type="text"/>	Years
Sealed Units	Period of Guarantee	<input type="text"/>	Years
Hardware (locks, hinges etc)	Period of Guarantee	<input type="text"/>	Years

PLEASE PROVIDE A SPECIMEN COPY OF YOUR GUARANTEE WITH THIS APPLICATION

Date of Public/Employers Liability Renewal	<input type="text"/>
Name of Insurers	<input type="text"/>

PLEASE PROVIDE A COPY OF YOUR EL/PL INSURANCE CERTIFICATES WITH THIS APPLICATION

Disclosure:

Has the applicant or any of its Directors or Partners ever

Been declined the supply of Insurance Backed or Deposit Indemnities or had its membership from any IBG carriers cancelled?

Yes

No

Been Bankrupt or entered into an arrangement with creditors whether voluntary or not, or been a Director or Partner of a firm or company to which a receiver or liquidator has been appointed?

Yes

No

If you answer **YES** to any of the above please provide details on a separate page

I/We agree and give my/our full authority that enquiries may be made in connection with this Application with any of the parties having an interest or being party to this Application.

I/We agree to searches being carried out on the Applicant and the principles of the Applicant as individuals.

I/We also extend my/our full co-operation in assisting you in making your decision in respect of you accepting the risk.

I/We declare that:

- 1 I/We will, or have disclosed all information and material facts required for this Application to the best of my/our knowledge, information and belief, and after due and careful enquiry the information contained herein is correct and
- 2 I/We am/are not aware of any circumstances, which I/we have not disclosed to you, which might influence your acceptance of the risk. I/We further undertake that, should I/we become aware of any information, adverse or otherwise in respect of this Application, I/we shall immediately inform you of such information.
- 3 I/We will immediately inform you of all subsequent variations to the information included on this Application Form, and will provide such amended information immediately.
- 4 I/We are duly authorised and empowered to complete this form on behalf of the Applicant and sign this declaration on its behalf.
- 5 I/We hereby agree additionally to indemnify you against all actions, proceedings, claims and demands which may be brought against you and all Liabilities, losses, damages costs and expenses of whatsoever nature which you or your principals may suffer incur or sustain through a breach of this declaration.
- 6 I/We hereby agree that I may be charged up to £25.00 to cover administration costs if my/our application is not accepted.

SIGNATURE

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POSITION

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DATE

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PLEASE SCAN AND EMAIL OR FAX THIS APPLICATION FORM BACK TO US

WE MAY REQUIRE THE ORIGINAL TO BE POSTED TO US AT A LATER DATE

INSURANCE BACKED GUARANTEE FOR CERTASS OR FENSA REGISTERED COMPANIES

I am pleased to confirm that our company wishes to join

CERTASS	<i>tick</i>	FENSA	<i>tick</i>

"GIVE" Scheme	<i>tick</i>	<i>Amount</i>
		£10 Monthly DD

We will advise you of our installations by email or by fax	<i>tick</i>	<i>Please complete</i>
		Our email address and fax no is:
Please process the registration data sent to IBGs by our competent persons scheme		

Company Name	
Signature	
Signature Name	
Position	

PLEASE EMAIL OR FAX THIS LETTER BACK TO US AS WE REQUIRE AN ORIGINAL SIGNATURE, TOGETHER WITH THE APPLICATION FORM, A COPY OF YOUR OWN WRITTEN GUARANTEE, A COPY OF YOUR EL/PL INSURANCE.

