

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:	
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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:		

BER Assessor Annual Declaration

*Indicates mandatory fields



If you have already submitted this Annual Declaration in the previous 12 months, there is no requirement to resubmit this document.

If the Annual Declaration form is not fully completed, we will be unable to update your insurance details, and this may affect your ability to publish BER certificates.

1. Contact details

I confirm that the contact details I have provided and that are listed on the [National Register of BER Assessors](#) are correct.

If the contact details on the National Register of BER Assessors are incorrect, please contact the BER Helpdesk at registered@ber.seai.ie and request an amendment before submitting this document.

2. Code of Practice

I understand that, as part of my registration as a BER Assessor, I have committed to adhere by the [Code of Practice for BER Assessors](#) (the “**Code of Practice**”). I confirm that I have read and understood the provisions of the Code.

3. Declarations regarding Independence

Section 6 of the Code of Practice requires BER assessors to act in an independent and transparent manner at all times when discharging their duties and obligations under the European Union (Energy Performance of Buildings) Regulations 2012, as amended (S.I. No. 243/2012) and the Code of Practice. Section 6 further requires registered BER Assessors to make an annual declaration of independence.

In accordance with section 6 of the Code of Practice:

- a. I declare that I did not identify any conditions having a potential impact on my independence, as described in section 6 of the Code of Practice, in relation to any BER assessment that I have completed in the last 12 months;
- or**
- b. I declare that I identified conditions having a potential impact on my independence, as described in section 6 of the Code, and I set out below the actions taken in respect of those conditions.
- _____
- _____
- _____
- c. I declare that I have a management of independence system in place to ensure that, prior to carrying out a BER assessment, conditions that may impact on my independence, as described in section 6 of the Code of Practice, are evaluated, and correctly treated. Please note that as part of carrying out audits, SEAI may require you to produce evidence that such a system is in existence.

I make these declarations conscientiously believing the same to be true. Declarations made by:

*Type name of BER Assessor: _____

*Assessor number(s): _____

*Signature of BER Assessor: _____

*Date of Declaration: _____