



# Membership Application Form 2017/18

## MANUFACTURER / SYSTEM DESIGNER

Please complete and return this form together with the required supporting documentation and remittance to ensure your application can be processed to NIA, The Incuba, 1 Brewers Hill Road, Dunstable LU6 1AA.

Any member wishing to apply in more than one category of membership must complete multiple applications and payments.

### 1. GENERAL INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ Main Contact Number: \_\_\_\_\_

Website: \_\_\_\_\_

E-mail address for customers to contact: \_\_\_\_\_

### 2. KEY CONTACT DETAILS

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Direct Dial No: \_\_\_\_\_

E-mail: \_\_\_\_\_

### 3. ACTIVITIES UNDERTAKEN *(Please tick as appropriate)*

Cavity Wall Insulation  Loft Insulation  Draught Proofing

External Wall Insulation  Internal Wall Insulation  Roof Insulation

Floor Insulation  Acoustic/Sound Insulation  Room In Roof Insulation

Spray Foam Insulation  Cavity Wall Insulation Removal

Other (please state): \_\_\_\_\_

#### 4. AREAS COVERED

Please tick the areas that your Company covers:

Scotland  Northern Ireland  Wales  South England (incorporating the Midlands)  North England

#### 5. MANUFACTURER / SYSTEM DESIGNER

Product/System Details:

\_\_\_\_\_

Product/System Accreditation Details: \_\_\_\_\_

Insurance Information:	Employer's liability	Public liability	Product liability
1. Name of insurer			
2. Policy number			
3. Limit of indemnity*	£	£	£
4. Period of insurance			
5. Renewal Date			

◆ The minimum limit of indemnity required for public / products' liability insurance is £3m any one incident or series of incidents.

#### 6. COMMUNICATION

The NIA's main method of communication to its members is through its electronic communication tool. To ensure these reach the right person, please let us know who you would like to receive this information.

	Contact name	E-mail address	Direct Dial Telephone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

7. We confirm that the information provided herewith is accurate to the best of our knowledge.

We undertake that, we will abide by the Association's Articles, Code of Professional Practice and Conditions of Membership. The NIA retain the right to reject any application.

Signed: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return with supporting documentation to**  
**National Insulation Association Ltd,**  
The Incuba, 1 Brewers Hill Road, Dunstable LU6 1AA

## APPLICATION CHECKLIST

Before sending your application, please ensure you have enclosed all the appropriate documentation.

### Manufacturer / System Designer:

Please provide copies of:

- ◆ Completed Application Form
- ◆ Public, Employers and Products Liability Insurance Cover
- ◆ BBA/Related Product/System Approval/Accreditation Certificate
- ◆ A Copy of the Company Logo in a JPEG format
- ◆ Copy of recent Statutory Accounts showing Turnover
- ◆ Cheque or confirmation of BACS Payment (inclusive of reference number)

### EWI & IWI Manufacturers/System Designers should also provide evidence of:

- ◆ On-site Audit Procedures for EWl
- ◆ ISO 9001 Accreditation
- ◆ ISO 14001 Accreditation (optional)
- ◆ Recognised Training Scheme / Procedure for Installers