Membership Application Form

HOME IMPROVEMENT PROTECTION

1. Company Information:

Company Name: _____ Registration Number: _____

Trading Address: _____

_____ Postcode: _____

Tel. Number: _____ Date Established: _____

Email address: _____

Website address: _____

Home address: (If sole trader) _____

_____

2. Directors / Partners Details:

Name:	Date of Birth:	Title:

3. Company History:

Annual Turnover: _____ Contracts per month: _____ Average contract value: _____

Number of Salesmen: _____ Products: _____

Are you registered with:
Fensa, Certass, Assure or Other (Please state i.e. RECC) ☐ _____

4. Details of Principal Suppliers:

Company 1: _____ Company 2: _____

Contact name: _____ Contact name: _____

Email address: _____ Email address: _____

5. Accountants Details:

Name: _____

Address: _____

Email address: _____

Please enclose a copy of your own Guarantee (clearly showing the Guarantee period).

Guarantee period 2 years ☐ Guarantee period 5 years ☐ Guarantee period 10 years ☐

I/We authorise Home Improvement Protection to make any enquiries necessary in the processing of this application.
To the best of my knowledge the above information is true and correct.

Signature: _____ **Position:** _____ **Date:** _____

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Email: sales@hip.insure