



Employers' Liability Tracing Office

Insurance declaration form for UK employers

1. Mandatory company information

You must complete this section if your policy includes employers' liability insurance and covers an employer in England, Scotland, Wales or Northern Ireland. This is mandatory information that we will provide to the Employers' Liability Tracing Office (ELTO).

Insured company name

Main registered address Post code

Hiscox policy/quote number HMRC Employer Reference Number

If your business does not have an HMRC Employer Reference Number (ERN), please confirm the reason below:

- All employees earn less than the PAYE threshold
- The business is registered in Jersey or Guernsey
- The business does not have any employees

Do you have any additional UK employers or subsidiary companies covered for employers' liability insurance by this policy? Yes No

If **Yes**, please complete Section 2 below.

2. Additional employers and subsidiary companies

Please complete this section if this insurance policy covers employers or subsidiary companies other than the main insured company above. It is important that you provide details of all employers which have their own separate HMRC ERN. If you need more space, please use an additional sheet.

Employer/registered company name	Main registered address	Post code	HMRC Employer Reference Number

3. Declaration

Data protection

Your policy details will be added to the Employers' Liability Database, managed by the ELTO. This data will be available for search by registered users as well as individual claimants on a limited basis, who wish to verify the employers' liability insurer of an employer at a particular point in time.

Declaration

I/We declare that (a) this form has been completed after proper enquiry; and (b) its contents are true and accurate.

Name

Position within the company

Signature

Date

4. Further information

You can find out more information about the ELTO at www.elto.org.uk. For help and advice on how to find your HMRC ERN, please contact your broker.

When complete, please return this form to your insurance broker or intermediary.