Membership Application Form

Please complete this form and return it to ELTO with a covering letter for the attention of:

Employers' Liability Tracing Office
Linford Wood House
6-12 Capital Drive
Milton Keynes
MK14 6XT

If you have any queries please contact ELTO one email at CustomerEnquiries@mib.org.uk

Important Notes

There is no application fee.

What does my company need to provide to become a member of ELTO?

The following items are required:

- **Completed ELTO Membership Application Form**
- **Gross Written Premium (in the space provided below)**
  In order to calculate your initial levy we need you to let us know your company's Employers Liability Gross Written Premium for all UK insurances for the previous year to December.

  This should include all Gross Written Premium for Employers Liability business whether this is in respect of standalone policies, combined or packaged products.
- **Participating Insurers' Agreement x 2** (to be signed and returned as part of the application)

Previous year GWP figure (£)	

Company Name:	**Registered Office Address:**
Company Registration number:	

Company Contact Details (please complete all boxes)

ELTO SPONSOR Contact Name:	
Job Title:	
Address (if different from registered address):	
Telephone Number:	
E-mail address	

CEO Contact Name:	
Address (if different from registered address):	
Telephone Number:	
E-mail address	

LEVY/FINANCE Contact Name:	
Job Title:	
Address (if different from registered address):	
Telephone Number:	
E-mail address	

Holding Company: (if applicable)	
Trading Names: (if applicable)	
Website address:	

Declaration

Currently writing Employers' Liability business and renewals YES/NO*
(*delete where appropriate)

If you have ceased to underwrite please enter date of cessation ……..
(DD/MM/YY)

By signing this application form, the Applicant accepts and confirms that any dispute arising out of its application for Membership, or Membership, will be governed by English Law and will be subject to exclusive jurisdiction of the Courts of England and Wales only.

I declare that the information I have supplied to ELTO on behalf of the applicant is true, complete and correct.

Signature: ……

Name: ……
(BLOCK CAPITALS)

Title: ……

Date: ……