

**Confirmation of Contractors Insurance**

**NOTE: THIS FORM MUST BE COMPLETED BY AN INSURANCE COMPANY/BROKER**

<b><u>Business</u></b>		<b><u>Insurance Broker</u></b>	
Name:			
Address:			
		Tele. No.:	
<b><u>Business Description</u></b>			
<b><u>Employers Liability</u></b>			
Insurer	Policy No.	Period of Cover	
Limit of Indemnity			
Does this Policy Cover:			
1. Indemnity to Principal		Yes/No	
2. Contractual Liability		Yes/No	
3. Cover for Sub-Contractors, Self-employed persons and persons hired/loaned		Yes/No	
4. Territorial Limits – Include United Kingdom and Ireland		Yes/No	
Please provide details of Deductibles, Restrictive Endorsements and Warranties:			

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<b><u>Public Liability</u></b>		
Insurer	Policy No.	Period of Cover
Limit of Indemnity		
<b><u>Excess Layer (if applicable)</u></b>		
Insurer	Policy No.	Period of Cover
Limit of Indemnity		
<i>Please note that the minimum limit of indemnity must be £5,000,000, or £10,000,000 when Hot Works are included. Hot Works are defined as use of heat, or cutting/grinding equipment that create sparks or flames</i>		

Does the Policy cover:-

1.	Indemnity to Principal	Yes/No
2.	Contractual Liability	Yes/No
3.	Liability in respect of Negligence of Sub-Contractors	Yes/No
4.	Extend to include Efficacy	Yes/No
5.	Liability for Vibration, Subsidence, Collapse or Removal or Weakening of support without inner limit	Yes/No
6.	Third Party Working risk arising out of mechanically propelled Plant – owned or	
7.	hired	Yes/No
8.	Products Liability	Yes/No
9.	Liability resulting from Advice/Design/Specification	Yes/No
10.	Use of Burning/Welding Apparatus* - <b>£10,000,000 Limit Required</b> <i>(*This includes the use of grinders)</i>	Yes/No ____metres
11.	Height Limit Yes/No – if so, please state	____metres
12.	Depth Limit Yes/No – if so, please state	
13.	Territorial Limits – please specify	

Please provide details of Deductibles, Restrictive Endorsements and Warranties

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<b><u>Contract Works</u></b>		
Insurer	Policy No.	Period of Cover
Contract Limit	Excess	
Own Plant Limit		
Hired in Plant Limit		
Does the Policy cover:		
1.	Employers Interest	Yes/No
2.	Defects/Maintenance Period	Yes/No
3.	Off Site Storage	Yes/No
4.	Goods In Transit	Yes/No
5.	Consequences of Defective Workmanship/Materials	Yes/No
Please provide details of Deductibles, Restrictive Endorsements and Warranties		
<b><u>Professional Indemnity</u></b>		
Insurer	Policy No.	Period of Cover
Indemnity Limit (Please state if this limit is 'in the aggregate' or 'any one occurrence')	Excess	
Please provide details of Restrictive Endorsements and Warranties		
<b><u>Motor Insurance</u></b>		
Insurer	Policy No.	Period of Cover
Third Party Property Damage Limit		
Does this Policy cover:		
1.	Indemnity to Principal	Yes/No
2.	All mechanically propelled Plant in respect of Liability under RTA	Yes/No
3.	Third Party Working Risks	Yes/No
4.	Hired in Vehicles under Plant Hire Arrangements	Yes/No

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Signed	On behalf of
Date	Insurance Broker  <i>Please affix stamp</i>