**To be completed by Contractor’s Insurance Broker or Underwriter**

|  |  |
| --- | --- |
| Name of Contractor: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Purpose: The insurance policy in place complies with the following requirements in all cases, including the minimum limits of cover**

* Employers Liability: Minimum Limit of Indemnity of €12.7 million.
* Public Liability: Minimum Limit of Indemnity of €6.5million.
* Professional Liability: Minimum Limit of Indemnity €1.0 million.
* The policy must not include any exclusion related to the activities to be carried out in the execution of the contract.

We wish to confirm the following in respect of the above named client.

|  |  |
| --- | --- |
|  | Tick Box as appropriate (No. 1 – 3) |
| 1. Underwriter licensed for each class with the Financial Regulator | ❑ Yes ❑ No |
| 1. The cover complies with requirements above. | ❑ Yes ❑ No |
| 1. The Insurance Broker or Underwriter has been informed of the requirements of the contract by the Contractor and the Contractor’s potential liability is sufficiently and appropriately covered. | ❑ Yes ❑ No |

Period of cover: FROM [ ] TO [ ]

## Insurance Company/Broker Stamp

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

Position/Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insurance Company/Broker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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