

CERTIFICATE OF INSURANCE - PUBLIC LIABILITY INSURANCE

This Certificate must be completed by the Contractor's Insurers

Brief Details of Contract:

- 1 NAME OF FIRM
TRADING AS (ENTER WHERE APPROPRIATE)
- 2 ADDRESS
- 3 TYPE OF WORK(S) FIRM INSURED TO CARRY OUT
.....
- 4 POLICY NO RENEWAL DATE
- 5 HAS PREMIUM FOR CURRENT YEAR'S INSURANCE BEEN PAID?
- 6 INDEMNITY LIMIT ANY ONE ACCIDENT (MINIMUM £5,000,000)
- 7 DOES THE POLICY PROVIDE:
- (a) Indemnity to Principal?
 - (b) Subsidence and Collapse Cover? If so, indemnity limit
 - (c) Third Party working risk, of any type of plant
 - (d) Products Liability?
 - If so, (i) Indemnity any one accident
 - (ii) Any period of insurance (normally 1 year)
 - (e) Cover in respect of liabilities assumed under RIBA Condition Clause 21.2.1
Details:

ARE THERE ANY OF THE FOLLOWING WHICH AFFECT THE CONTRACTOR'S INDEMNITY UNDER THE POLICY WITH REGARD TO THIS PARTICULAR CONTRACT? IF SO, PLEASE PROVIDE DETAILS:

- (a) Warranties
- (b) Excess
- (c) Exclusions
- (d) Height/Depth Limits

Insurance Company

Address

Tel No

Signed..... Name.....

Designation Date