

**SUB - CONTRACTOR'S Insurance Questionnaire
EMPLOYERS and PUBLIC LIABILITY**

For completion by The SUB - CONTRACTOR

Name of Sub - contractor

.....

Address

.....

Works i.e. Nature of Contract (short description and address of works being undertaken)

.....

We certify that the above named company holds the following Insurance

Employers Liability

Name of insurer.....

Policy Number Expiry date.....

We also confirm that:-

- The policy is in force and all premiums are paid up to date
- The policy includes an indemnity to principal clause
- We will advise if the above insurance cover is discontinued before its expiry date

We certify that the above named company holds the following Insurance

Public Liability

Name of insurer

Policy Number Expiry Date.....

We also confirm that:-

- The policy is in force and all premiums are paid up to date
- The policy includes an indemnity to principal clause
- An indemnity of £..... (being not less than £2million) in respect of any one accident and unlimited indemnity during any one period of insurance is provided.
- We will advise if the above insurance cover is discontinued before its expiry date
- The policy covers liability for the use of heat
- The policy covers work up to a height limit of metres above floor level

Signed **Date**

Position