



Contractors' Liability Insurance Questionnaire

1 Contractor's details			
Give full name		Tel/Fax nos.	
Name		Tel/Fax nos:	
Address			

2 Description of contract and/or work to be carried out

Please arrange for this form to be completed by your Insurers or Insurance Brokers and return to:

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3 Insurance details			
No.	Information	Employers' Liability Policy	Third Party Liability Policy
1	Name & address of Insurers/Brokers		
2	Policy No.		
3	Date of expiry of Insurance		
4	Limits of Indemnity:		
	Any one occurrence?		
	Any one year?		
5	Is the policy extended to indemnify principals?		
6	Does the policy cover liability arising from:		
	i) Fire and Explosion?		
	ii) Subsidence and removal/weakening of supports?		
	iii) Demolition? (if applicable)		
7	Are there any special conditions regarding processes involving the use of heat, including cutting and welding)?		

Name: (please print)		Signature:	
Title:		Date:	