

Manx Accredited Construction Contractors Scheme 2018/19

Insurance Statement Form

Your Broker or Insurance Company must complete this form, and it must be included in your application or renewal submission.

DETAILS

Contractor Name:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Post Code:	<input type="text"/>
Telephone No:	<input type="text"/>	Fax No:	<input type="text"/>

PUBLIC LIABILITY

Insurer:	<input type="text"/>		
Policy Number:	<input type="text"/>		
Next renewal date:	<input type="text"/>		
Business description:	<input type="text"/>		
Any Policy Exclusions (Please complete this section)	<input type="text"/>		
Any changes at Policy Renewal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

EMPLOYERS' LIABILITY

Insurer:	<input type="text"/>		
Policy Number:	<input type="text"/>		
Next renewal date:	<input type="text"/>		
Number of Employees covered:	<input type="text"/>		
Any Policy Exclusions (Please complete this section)	<input type="text"/>		
Any changes at Policy Renewal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

I / We confirm that the above details form the insurance arrangements of the above named contractor / sub-contractor and premiums have been paid or are being paid as per the agreement.

Signed:	<input type="text"/>		Date:	<input type="text"/>
PRINT NAME:	<input type="text"/>			
Name of Insurance Broker:	<input type="text"/>			
Address:	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>	Post Code:	<input type="text"/>	
Telephone No:	<input type="text"/>	Fax No:	<input type="text"/>	