

Manx Accredited Construction Contractors Scheme 2019/20

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