

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

For completion by The SUB - CONTRACTOR

**Name of Sub - contractor**

.....

**Address** **Telephone number**

.....

**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 Yes/No
- The policy covers work up to a height limit of ..... metres above floor level

**Signed** ..... **Date**.....

**Position** .....