

DECLARATION OF INSURANCE COVERAGE

INSURANCE DETAILS							
Legal Entity & Trading Name							
Street Address							
INSURANCE POLICY	INSURER	POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	SUM INSURED	MINIMUM REQUIREMENT	REQUIREMENT MET
Workers Compensation						\$50,000,000	Y / N
		<u>Working Directors Coverage</u> (please circle) Do your Directors work for the Company? Y / N Are Working Directors names and insured under your Workers Compensation policy? Y / N		<u>List the Working Directors insured under your policy</u> _____ _____			
Public & Products Liability						\$10,000,000	Y / N
Professional Indemnity						\$1,000,000	Y / N
Motor Vehicle including Third Party Property Damage						\$20,000,000	Y / N
I / We certify that the above information is true and correct and that the policies will remain in force until the expiry date shown.							
Company Owner / Director Signature:				Name & Date:			
INSURANCE BROKER'S DETAILS (for use when this schedule is complete by your Insurance Broker) Name of Insurance Brokerage: _____ Phone Number: _____ Name of Staff Member & Position: _____ Brokers Signature: _____							