

EVIDENCE OF INSURANCE FORM

**ONCE COMPLETED BY YOUR INSURANCE BROKER - PLEASE SEND IMMEDIATELY TO THE INSURANCE ADMINISTRATOR AT NES GROUP LIMITED, STATION HOUSE, STAMFORD NEW ROAD, ALTRINCHAM, WA14 1EP.
FAX 0161 942 4094 or EMAIL: insuranceadmin@nes.co.uk**

Contractor Name:

Limited Company Name:.....

PART ONE - EMPLOYERS' LIABILITY & PUBLIC/PRODUCTS LIABILITY

	Employers' Liability	Public/Products Liability
Insurer		
Policy No.		
Limit of Indemnity	£ any one occurrence/unlimited	£ any one occurrence/unlimited
Are these limits per contractor?	Yes/No	Yes/No
Details of any aggregate limits		
Policy renewal date		
Business Description on policy		

PART TWO - PROFESSIONAL INDEMNITY

Insurer	Policy No
Limit of Indemnity	£ any one occurrence/unlimited
Is this limit per contractor?	Yes/No
Details of any aggregate limits	
Excess	£ each and every claim
Policy renewal date	
Business Description on policy	

We hereby confirm that the Placement named above is currently covered for the insurance(s) specified above. The Policy is not subject to any extensions or restrictions other than those normal to this class of business.

Name.....**Date**.....

Broker/Insurer completing form.....

Ref. Evidence Form Feb 08

¹ NES Group Companies include NES UK Limited (Reg. No. 1443574), NES IT Limited (Reg. No. 1766575) and NES Global Limited (Reg. No. 2690805). Registered Address: Station House, Stamford New Road, Altrincham, Cheshire, WA14 1EP
Disclaimer: NES Group does not warrant or represent and is not responsible for the quality, fitness for purpose or otherwise of the insurance advice provided by any insurance service provider. NES Group does not accept any liability for the advice or acts or omission of any insurance service provider.