

Subcontractor:

CONSTRUCTION MACHINERY INSURANCE

To Whom It May Concern:
From: (Insurance Company Details)

We confirm having effected construction machinery insurance for the following:

[_____] Subcontractor details

In respect of:

_____ (Project Title)

Annual Policy	Yes / No
Policy Number	
Policy Expires on:	[date]
The sums insured are:	
Schedule of construction machinery attached	\$ Plus GST
Policy Deductibles are:	\$ Plus GST
We advise that "special" terms (copy attached) have been applied to this policy.	Yes / No
Policy cover term included are:	
➤ Automatic reinstatement of the policy	Yes / No
➤ No cancellation for non-payment of premium without prior notification.	Yes / No
➤ No settlement delay due to exercise of subrogation	Yes / No
Has the premium been paid	Yes / No

We undertake that this policy will not be cancelled or amended by us within the period of insurance and without 30 days written advice to the insured party which has arranged the insurances. The insurance issued is subject to the terms and conditions of the policy.

Insurance Company Stamp

Date: _____

Signed by: _____

Signatory Title: _____