

Subcontractor: _____

MOTOR VEHICLE INSURANCE

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

We confirm having effected third party insurance jointly and severally for the following insured parties:

- A. [insert subcontractor name]
(the Subcontractor)
- B. NZ Strong Group Ltd
(the Main Contractor)
- C. [Insert details]
(the Principal / other interested parties)

In respect of	(project name)
Annual Policy	Yes / No
Policy Number	
Policy Expires on:	[dote]
The sums insured are:	
Third Party Liability	\$ 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
➤ Jointly & Severally insured, including Cross-Liability	Yes / No
➤ Waiver of subrogation as between insured parties	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:** _____