

CONTRACTOR'S INSURANCE DETAILS

Name of Contractor

Address

.....

Principle Function / Service

Details of Cover

1. Workers Compensation

Name of Insured Policy Number

Expiry Date/...../.....

Principle's Endorsement YES / NO

Premium Paid YES / NO

Signed by Insurer Date/...../..... Stamp

Certificate of Insurance
Currency Submitted YES / NO Date of Certificate/...../.....

2. Public Liability Insurance

Name of Insured Policy Number

Expiry Date/...../..... Limit of Indemnity

Business Description

Endorsement

(Jandakot Airport Holdings Pty Ltd and Commonwealth of Australia noted as principle / joint insured)

Premium Paid YES / NO

Signed by Insurer Date/...../..... Stamp

Certificate of Insurance
Currency Submitted YES / NO Date of Certificate/...../.....

3. Contract Works Insurance

Name of Insured Policy Number

Expiry Date/...../..... Limit of Indemnity

Business Description

Endorsement

Jandakot Airport Holdings Pty Ltd and Commonwealth of Australia noted as principle / joint insured.

Premium Paid YES / NO

Signed by Insurer Date/...../..... Stamp

Certificate of Currency Submitted YES / NO Date of Certificate/...../.....

4. Personal Accident & Sickness

Name of Insured Policy Number

Expiry Date/...../..... Weekly Date/...../.....

Weekly Benefit Capital Benefit

Premium Paid YES / NO

Signed by Insurer Date/...../..... Stamp

Certificate of Currency Submitted YES / NO Date of Certificate/...../.....

5. Professional Indemnity Insurance (If applicable)

Name of Insured Policy Number

Period Of Insurance From/...../..... To/...../.....

Limit of Indemnity

Jurisdictional Limit Excess

Premium Paid YES / NO

Signed by Insurer Date/...../..... Stamp

Certificate of Currency Submitted YES / NO Date of Certificate/...../.....