

Contractor / Supplier Insurance Questionnaire

This questionnaire is required from all Contractors, Suppliers and Advisors to the LDA. It must be completed by either your Insurance Broker or your Insurer. **Sections 4 & 5 (Contractors All Risks and Engineering) only need to be completed for Building Contractors / Subcontractors.**

All Insurers and Insurance Brokers to Irish Entities must be registered with the Central Bank of Ireland in accordance with Irish Legislation.

Name of Insurance
Broker:

Address:

Telephone

I/We confirm that the details contained in Sections 1 to 5 inclusive are correct as of:

Date:

Signature:

Typed Name:

Position:

Company:

Email:

The following details apply to the Policies in Sections 1, 2, 3, 4 and 5 overleaf:

Name of Insured:

Address:

Business Description:

Section 1 – Employer's Liability

Policy No(s): Expiry Date:

Insurer(s):

Central Bank registration no(s):

1. Limit of indemnity per occurrence:

2. Insured name as stated in the policy:

3. State deductible applying per occurrence:

4. Do both Territorial and Jurisdiction limits include the Republic of Ireland? Yes ☐ No ☐

5. Height limit, if any:

6. Depth limit, if any:

7. Do any warranties or conditions precedent apply? Yes ☐ No ☐
If yes, please attach copies.

8. Do any non-standard or additional terms, conditions, restrictions, endorsements, or limitations apply? Yes ☐ No ☐
If yes, please attach copies.

Section 2 – Public / Products Liability

Policy No(s): Expiry Date:

Insurer(s):

Central Bank registration no(s):

1. Limit of indemnity per occurrence
Public Liability:

2. Limit of indemnity per occurrence
Products Liability:

Do any aggregate or inner limits apply? Yes ☐ No ☐

If yes, please provide details:

3. Insured name as stated in the policy:

4. State deductible(s) applying per occurrence:

5. Do both Territorial and Jurisdiction limits include the Republic of Ireland? Yes ☐ No ☐

6. Height limit, if any:

7. Depth limit, if any:

8. Does the policy provide cover for the acts / omissions of subcontractors? Yes ☐ No ☐

9. Does the policy cover the duties of Project Supervisor Construction Stage per current legislation?
Yes ☐ No ☐ N/A ☐

10. Does cover include liability arising out of the use of passenger lifts? Yes ☐ No ☐

11. Do any warranties or conditions precedent apply?
If yes, please attach copies.

Yes ☐ No ☐

12. Do any non-standard or additional terms, conditions, restrictions, endorsements, or limitations apply?
If yes, please attach copies.

Yes ☐ No ☐

Section 3 – Professional Indemnity

Policy No(s): Expiry Date:

Insurer(s):

Central Bank registration no(s):

1. Retroactive Date:

2. Insured name as stated in the policy:

3. State Limits of Indemnity in respect of:

(a) Any one claim

(b) In the aggregate

4. Are defence costs inclusive or payable in addition?

5. State deductible applying to each and every claim:

6. Confirm if policy includes automatic reinstatement of indemnity limit and number of reinstatements:

Please attach in full any amendments or additional exceptions to the standard cover, and to any warranties or special conditions that apply.

Section 4 – Contractors All Risks

Policy No(s): Expiry Date:

Insurer(s):

Central Bank registration no(s):

1. Insured name as stated in the policy:

2. State Limits of Indemnity in respect of:

a. Contract / Temporary Works / Materials:

b. Plant, Tools, Equipment / Temp Buildings:

c. Limit any on building or block of buildings:

d. Debris removal costs:

e. Professional Fees:

f. Local Authority costs:

3. State deductibles applying to any of the above:

4. Is The LDA included as a Joint Insured if required by contract? Yes ☐ No ☐

5. Do any non-standard or additional terms, conditions, restrictions, endorsements, or limitations apply? Yes ☐ No ☐
 If yes, please attach copies.

Section 5 – Engineering

Policy No(s): Expiry Date:

Insurer(s):

Central Bank registration no(s):

1. Insured name as stated in the policy:

2. Are all items of plant inspected in accordance with Statutory requirements? Yes ☐ No ☐

3. State Limit of Indemnity / Sum Insured in respect of:

(a) Plant, Equipment, Temporary Buildings

(b) TP Liability unless covered by Public Liability

(c) Damage to items being lifted

4. Give details of any inner limits that apply:

5. State any deductibles that apply:

6. Do any non-standard or additional terms, conditions, restrictions, endorsements, or limitations apply? Yes ☐ No ☐
If yes, please attach copies.