



Sweeney Architects

Pre – Qualification Questionnaire (Contractor Insurance)

Note:

Failure of the contractor to successfully complete, sign and attach the requested documents or where the contractor has been assessed as not fulfilling the requirements, the contractor will be excluded from proceeding further

Insurance Confirmation

On behalf of _____ I can confirm that
we carry the following insurances namely:

- ☐ Building Contracting Insurance
- ☐ Employers Liability
- ☐ Public Liability

In addition, I confirm that _____ only
employ registered subcontractors (as required RECI, OFTEC, etc..) who carry relevant
insurance.

Signed _____

Position: _____

On behalf of _____

Date: _____

Building Contractors Insurance	
Name of Insurance Company	
Address of Insurance Company	
Policy No:	
Retroactive Date:	
Renewal Date:	
Occupation as stated in the policy (ies)	
Limit of Indemnity	
Amount of Policy Excess if any	
Please confirm if Certificate is attached	

I confirm that the details of our insurance attached set out above are true and accurate in all respects.

Signed _____

Position: _____

On behalf of _____

Date: _____

Employers Liability Insurance	
Name of Insurance Company	
Address of Insurance Company	
Policy No:	
Retroactive Date:	
Renewal Date:	
Occupation as stated in the policy (ies)	
Limit of Indemnity	
Amount of Policy Excess if any	
Please confirm if Certificate is attached	

I confirm that the details of our insurance attached set out above are true and accurate in all respects.

Signed _____

Position: _____

On behalf of _____

Date: _____

Public Liability Insurance	
Name of Insurance Company	
Address of Insurance Company	
Policy No:	
Retroactive Date:	
Renewal Date:	
Occupation as stated in the policy (ies)	
Limit of Indemnity	
Amount of Policy Excess if any	
Please confirm if Certificate is attached	

I confirm that the details of our insurance attached set out above are true and accurate in all respects.

Signed _____

Position: _____

On behalf of _____

Date: _____