

Professional Indemnity Insurance Certificate

(Clause 3.9.6 of PW-CF1 to PW-CF5 inclusive)

To: *The Employer*

Address of Employer

Date:

Regarding: *The Contract*

Name of Contractor

From: *Name of Broker/
Underwriter*

*Address of Broker/
Underwriter*

A Dhaoine Uaisle

We are the insurance brokers/underwriter in relation to the Contractor's professional indemnity insurance. We confirm that the details of the Contractor's professional indemnity insurance set out below are true and accurate in all respects.

Name of Insurance Company		
Address of Insurance Company		
Policy No.(s)		
Retroactive Date(s)		
Renewal Date(s)		
Occupation as stated in the policy(ies)		
Limit of Indemnity	Any One Claim	€
	Any One Period	€
Amount of Policy Excess, if any		€

Territorial Limits in relation to the insurance		
Jurisdiction is limited to		
The insurance includes legal liability in respect of	death, bodily injury or disease to persons (other than employees) resulting from breach of the Contractor's professional duties	Yes
	damage to third party property resulting from breach of the Contractor's professional duties	Yes
The insurance covers claims arising out of the sub-contracting of design or supervision activities, if any, to sub-contractors		Yes
The adequacy of the professional indemnity insurances arranged by such sub-contractors has been investigated and confirmed		Yes
The insurance includes	Liability as project supervisor for design process	Yes
	Liability as project supervisor for construction stage	Yes
	Liability under Collateral Warranties or Duty of Care Agreements	Yes
The insurance provides full policy cover in respect of	Date Recognition / Year 2000 problems	Yes
	Pollution / contamination	Yes
	Composite panels	Yes
	Asbestos	Yes

Is mise, le meas

Signed

On behalf of the Insurer or Insurance Broker