

CONTRACTORS DETAILS AND INSURANCE

Please complete the requested information below and attach copies of relevant information. Please indicate the name and number of contractors likely to carry out works at the premises. Email or fax to **07 XXXX XXXX**

COMPANY NAME	
ADDRESS	
FAX NO.	
COMPANY EMAIL	
CONTRACTOR 1 NAME	
CONTRACTOR 1 PHONE NO.	
CONTRACTOR 2 NAME	
CONTRACTOR 2 PHONE NO.	
CONTRACTOR 3 NAME	
CONTRACTOR 3 PHONE NO.	
CONTRACTOR 4 NAME	
CONTRACTOR 4 PHONE NO.	
CONTRACTOR 5 NAME	
CONTRACTOR 5 PHONE NO.	

Please indicate by ticking the appropriate box. Please attach copies of relevant licenses and insurances.

<input type="checkbox"/>	WORK COVER INSURANCE CERTIFICATE OF CURRENCY
<input type="checkbox"/>	COPY OF A SAFETY INDUCTION BLUE CARD
<input type="checkbox"/>	PUBLIC LIABILITY INSURANCE CERTIFICATE OF CURRENCY
<input type="checkbox"/>	PROFESSIONAL INDEMNITY INSURANCE CERTIFICATE OF CURRENCY
<input type="checkbox"/>	COPY OF JOB SPECIFIC LICENSES REQUIRED BY LAW