

CONTRACTORS PLANT INSURANCE DECLARATION



Insured		Broker	
Policy Number		Period of Insurance	

1. Actual Annual Turnover	\$
Estimated Annual Turnover for the next Policy Period	\$

2. Postcode of the usual storage yard, or area, for the majority of your plant	
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3. Alterations to the schedule of insured plant (i.e. Items added or disposed, changes in value – attach schedule if necessary).	
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4. Are you aware of any injuries to workers employed by others on any Site you have worked on during the Period of Insurance which was, or may have been, caused by you, your Employees, your contractors or your subcontractors? [If yes, please attach brief written details of the incident(s)]	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Signature

Title

Date