**Commissioning and Contracts**

Ref: DNxxxxxx

**Insurance Cover**

***NB THIS FORM MUST BE FORWARDED TO YOUR INSURANCE COMPANY OR BROKER FOR COMPLETION - not to be completed by the applicant.***

I/We hereby certify that;

1. The **under mentioned insurance policies are held by ­­­**

 Name of insured:

 Insured address:

 **Employers Liability** with \*……………………………………………………………

 Policy no and expiry date………………………………………………………………

**Public Liability** with \*……………………………………………………..…………..

Policy No and expiry date…………………………………………………..…………

**Professional Indemnity** with \*……………………………………………………….

Policy No and expiry date……………………………………………………………..

**Product Indemnity** with \*……………………………………………………….

Policy No and expiry date……………………………………………………………..

*\* Name of insurance company to be inserted by Insurance Broker.*

1. The indemnity provided by the **Employers Liability Policy** is not less than £5,000,000 (five million pounds).
2. The indemnity provided by the **Public Liability Policy** is not less than £5,000,000 (five million pounds) for any one claim with an unlimited number of claims in any one period of insurance.
3. The indemnity provided by the **Professional Indemnity Policy** is not less than £1,000,000 (one million pounds) or such higher limit as the Council may reasonably require (and as required by law) from time to time for each individual claim
4. The indemnity provided by the **Product Liability Policy** is not less than £5 million in aggregate for each year of the life of the contract.
5. We will notify Milton Keynes Council if any of the above policies are terminated before the expiry date given above.

Signed …………………………………… Print Name ...………………….…………………

For and on behalf of ..………….………………………………………………………………

Address ……………………………………………………………………….…….……….…..

………………………………………………………………………….….………………………

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Date .…………….……