

	C	ONFIRMATION OF INSURANCE		
Client Name	T Col	T Coleborn and Son Limited		
Client Address	Kirpa Ports	Unit 3.2, Central Point Kirpal Road Portsmouth PO3 6FH		
Occupation/Type Of Business		Building Contractor		
Interested Parties	_	N/A		
SECTION A - CONTRACTORS LIABILITY				
Primary Insurer	AXA I	nsurance UK plc		
Policy Number	_	ORG19LR9430CTR-1		
Excess of Loss Insurer	Zuric	Zurich Insurance plc		
Policy Number		XL/1001023TUW		
Period	4 th Se	4 th September 2020 to 3 rd September 2021		
A1 – EMPLOYERS LIABILITY				
Limit Of Indemnity (any one accident)			£10,000,000	
A2 - PUBLIC LIABILITY				
Limit Of Indemnity (any one accident)			£10,000,000	
Excess (each & every claim including costs and expenses)			£500 increasing to £1,000 for heat use and underground services	
A3 - PRODUCTS LIABILITY				
Limit Of Indemnity (any one accident and in all)			£10,000,000	
Excess (each & every claim including costs and expenses)			£500 increasing to £1,000 for heat use and underground services	
SECTION B - PROFESSIONAL INDEMNIT	Y - NOT	INSURED		
Primary Insurer				
Policy Number				
Excess of Loss Insurer				
Policy Number				
Period				
Limit of Indemnity				
Excess (each & every claim)				
SECTION C - CONTRACTORS ALL RISKS				
Insurer	AXA I	nsurance UK plc		
Policy Number	ORG:	19LR9430CTR-1		
Period	4 th Se	4 th September 2020 to 3 rd September 2021		
imit Of Indemnity (any one contract)			£2,600,000	
Limit Of Indemnity (own plant – total sum insured)			£5,000	
Limit Of Indemnity (hired in plant – single item limit)			£250,000	
Limit Of Indemnity (employee tools)			N/A	
Excess (each & every claim)			£500	
SECTION D - NOTES				
To Principal T		To Contractor	Date: 25/08/2020	
All Policies in force up to stated Renewal Dates General Principals' Clause &/or equivalent included Subject to Policy Terms, Conditions & Exceptions The above is correct at the date of signing Alterations/Cancellations may occur during the period		This document is sufficient evidence to your principal of the existence of the above insurance arrangements Please retain this original form and send copies to any principals	J. Mal Pass	