

Your nursery name and address	
Name of Service Provider	
Address	
Post Code	
Telephone Number	
Description of work to be carried out/service provided	
Insurance Company	
Policy Number	
Renewal Date	
Business Description	
Employers' Liability Limit of Indemnity	£
Public/Products Limit of Indemnity	£
Does cover include Indemnity to Principal	Yes/No
Details of any other relevant exclusions or restrictions	
The premium paid to date?	
Signature	
Position	
Date	
Company Stamp	