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# Third Party Insurance Questionnaire

Nursery Name	
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	