



Western Power

# WESTERN POWER SYSTEM ENTRY LEVEL ACCREDITATION– Insurance Schedule

This form must be completed and signed (preferably by your insurer or broker) certifying the details, value and currency of your insurance. If not completed by Insurer / Broker please also attach Certificates of Currency for each insurance cover.

CERTIFICATE OF INSURANCE COVER										
INSURED DETAILS										
Name:								Phone #		
Address:										
TYPE	INSURANCE DESCRIPTION	INSURER	POLICY NUMBER	WPC noted on Policy Please circle Y/N	EFFECT DATE	EXPIRY DATE	SUM INSURED			
							Amount	Minimum Requirement	Met Min Req Please circle Y/N	
WC	WORKERS' COMPENSATION			Y / N				≥\$50M	Y / N	
		Working Directors Coverage		Please circle	If Yes .... Provide names:					
		Do your directors work for the company?		Y / N	_____					
Are Working Directors, Officers & Principals covered by this policy?		Y / N	_____							
EL	EMPLOYERS LIABILITY (if applicable)			Y / N				≥\$50M	Y / N	
PL	PUBLIC / PRODUCT LIABILITY			Y / N				≥\$10M	Y / N	
MV	MOTOR VEHICLE - inc 3 <sup>rd</sup> party property damage			Y / N				\$10M (3 <sup>rd</sup> Party)	Y / N	
I/We certify that the information provided is accurate and above insurances are in force until the expiry dates shown										
Company Owner/Director Signature:				Name: (please print)				Date:		
INSURANCE BROKER'S DETAILS ( for use when Insurance Schedule is filled out by the Broker)										
Company Name:(please print)							Phone #			
Broker's Signature:				Broker's Name ( please print)				Date		