

Verve Energy 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 attach Certificates of Currency for each insurance cover.

CERTIFICATE OF INSURANCE COVER									
INSURED DETAILS									
Name:									Phone
Address:									Phone
Type	Insurance description	Insurer	Policy number	Verve Energy 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 third party property damage			Y / N				\$10M (third 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:	