

**JENNIE REEVES RADIOGRAPHERS AGENCY LTD**

**CONTRACTORS' INSURANCE QUESTIONNAIRE**

Please note that this questionnaire must be completed even if no insurance policies are held.  
If the contractor is a member of the SoR then they are covered by the Society's professional indemnity policy.

Company Name:

Company Registered Address:

Contractors' Name:

**INSURANCE DETAILS**

**EMPLOYERS LIABILITY**

Insurer:

Policy No:

Renewal Date:

Limit of Indemnity:

Is Indemnity to Principals included? YES  NO

**PUBLIC LIABILITY**

Insurer:

Policy No:

Renewal Date:

Limit of Indemnity:

Is Indemnity to Principals included?

YES

NO

Are there any Sub/Inner Limits?

YES

NO

*(If YES, please detail below)*

Detail:

**PROFESSIONAL INDEMNITY**

Insurer:

Policy No:

(or SoR membership number if applicable)

Renewal Date:

Limit of Indemnity:

Excess Applicable:

**SIGNED BY**

Signed:

Name *(capitals please)*:

Position in Company:

Date: