



INSURANCE COUNCIL

OF NEW ZEALAND INC

CERTIFICATE NO. 1

PUBLIC LIABILITY INSURANCE CERTIFICATE

To: Manukau City Council
31-33 Wiri Station Road
MANUKAU

From:(Name of Insurance Company)
..... (Branch)

Dear Sir/Madam

We confirm that we have issued a Public Liability Policy to:

.....
in respect of :.....(Project Title)

We undertake that this policy will not be cancelled or amended by us within the period of insurance without written advice to the insureds.

Period of Insurance is: from _____ to _____

The Limit of Indemnity / Liability is:

Sub limit insured for vibration, removal or weakening of support

Deductible is:

Deductible for vibration, removal or weakening of support

The policy covers Liability arising out of:

- | | |
|--|---------------------|
| Principal's vicarious liability is covered by the policy | YES / NO |
| the ownership / use of mechanical plant | YES / NO |
| the use of hired plant | YES / NO |
| the ownership / use of watercraft | YES / NO |
| the ownership / use of aircraft | YES / NO |
| the use of explosives | YES / NO |

We advise that "special" terms , copy attached, have been specifically applied to the Project YES / NO

.....
Insurance Company Stamp Date



CONSTRUCTION INSURANCE CERTIFICATE (CONTRACTS WORKS INSURANCE)

To: Manukau City Council 31-33 Wiri Station Road MANUKAU

From: (Name of Insurance Company) (Branch)

Dear Sir/Madam

We confirm that we have issued a Construction Policy to: (Name of Contractor/Consultant) in respect of: (Project Title)

We undertake that this policy will not be cancelled or amended by us within the period of insurance without written advice to the insureds.

Period of Insurance is:

Construction period from...to...plus maintenance / defects liability period of ...months

The Sums Insured are:

- 8.1.2 Contract Price
(a) Costs of Demolition
(b) Professional Fees
(c) Value of Items supplied
(d) Increased construction costs

TOTAL SUM INSURED

The Policy deductible is Non Earthquake Earthquake

Policy extensions included are:

- 101 Transit YES /NO
110 Materials in Storage YES /NO
140 Testing and Commissioning YES /NO
160 Expediting Expenses YES/NO
170 Earthquake YES/NO
180 Overseas Airfreight YES/NO
190 Severally Insured YES/NO
210 Partial Occupation YES/NO

We advise that "special" terms , copy attached, have been specifically applied to the Project YES / NO



MOTOR INSURANCE CERTIFICATE

To: Manukau City Council
 31-33 Wiri Station Road
 MANUKAU

From: (Name of Insurance Company)
 (Branch)

Dear Sir/Madam

We confirm that we have issued a Motor Policy to:

.....
 in respect of :
 (Project Title)

We undertake that this policy will not be cancelled or amended by us within the period of insurance without written advice to the insureds. Five (5) days written notice of cancellation shall be given to the Principal in the event of cancellation for non-payment of premium.

Period of Insurance is from.....to.....

The Sum Insured is

Section 1 – Vehicles
 Section 2 – Liability

The Policy deductibles are

Section 1
 Section 2
 + additional Driver under age

Policy extensions included are:

Earthquake YES /NO
 Principal’s vicarious liability YES /NO

We advise that “special” terms , copy attached, have been YES / NO
 specifically applied to the Project

.....
 Insurance Company Stamp Date



PLANT & EQUIPMENT INSURANCE CERTIFICATE

To: Manukau City Council
31-33 Wiri Station Road
MANUKAU

From:(Name of Insurance Company)
.....(Branch)

Dear Sir/Madam

We confirm that we have issued a Policy covering Plant & Equipment to:

.....
in respect of(Project Title)

We undertake that this policy will not be cancelled or amended by us within the period of insurance without written advice to the insureds. Five (5) days written notice of cancellation shall be given to the Principal in the event of cancellation during the Period of Insurance.

Policy No.

Period of Insurance is From.....to.....

The Sum Insured is \$.....

The Policy deductibles are \$.....

The Policy includes:

Innocent breach of Conditions YES / NO

Earthquake YES / NO

We advise that "special" terms, copy attached, have been applied
to the Policy for this Project YES / NO

.....
Insurance Company Stamp

Date

