Exhibitors Insurance Form

 in association with the  ,  and 



Please have YOUR INSURANCE BROKER/ COMPANY COMPLETE THIS FORM to confirm that you hold Public, Products and where necessary Employers Liability insurances in respect of your participation as an exhibitor at the Extractive Industries Ireland Health and Safety Conference and Exhibition to be held on the 26th of September 2018 at Roadstone Limited, Doran’s Pit, Blessington, Co Wicklow and the incidental days before and after the event which may be required for the setting up and removal of the exhibitors stand from the site.

Complete ALL parts in BLOCK CAPITALS

Exhibitors Name: ...........................................................................................................

Address: .........................................................................................................................

Phone No: .....................................................................................................................

Email: .............................................................................................................................

Business Description as per policy: ........................................................................................................................................ ........................................................................................................................................ ........................................................................................................................................

**A-. Public/ Product Liability Insurance:**

 • Name of Insurer:

• Policy No:

• Renewal Date:

Period of cover From: ......................................To:....................................................... Limit of Indemnity:

Please confirm that the Policy contains an Indemnity to Principles Clause.

Completed Forms must be returned by email to info@imqs.ie or post by 10th of September 2017 to IMQS, The Lucan Centre. Primrose Lane, Lucan, Co. Dublin

**B:Employers Liability Insurance**

• Policy No: ...................................................................................................................

• Renewal Date: ..........................................................................................................

Period of cover From: ......................................To:.......................................................

Limit of Indemnity;

Please confirm that the Policy contains an Indemnity to Principles Clause.

This must be completed, signed and STAMPED by Insurance Broker/ Company

I/We declare that the above information is accurate and correct and hereby undertake to notify you in the event that any of these policies are cancelled, not renewed or restricted in any way.

Signed by: ......................................................................... Name (BLOCK): ............................................................................................................

On behalf of: ................................................................................................................

Date: ..............................................................................................................................

Insurance Broker / Company: ....................................................................................

Insurance Broker/ Company Stamp: Address:.........................................................................................................................................

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