

Confirmation of Insurance Details Form - Temporary Closure of Public Road(s)

We, as Insurance Brokers / Insurance Company (*Delete as appropriate*) hereby confirm that Insurances are arranged and in place as follows:-

1.	Insured Company / Individual	
2.	Company / Individual Trading Name	
3.	Insured Business Description (as stated on the policy schedule) Note: Must demonstrate that the Insured Business Description caters for the activities associated with the reason for the Temporary Road Closure (e.g. Festival Organisers where the road is to be closed to facilitate a Festival or Plant Hire Contractors, Civil Engineering Contractor or General Builders would be sufficient)	

4.	Employers Liability Insurance	Insurance Company	
		Policy Number	
		Insurance Indemnity Level Note: Must be at least €13,000,000	
		Date Cover From:	Date Cover To:

5.	Public and Products Liability Insurance	Insurance Company	
		Policy Number	
		Insurance Indemnity Level Note: Must be at least €6,500,000	
		Date Cover From:	Date Cover To:

6. Specific Indemnity is noted on these Insurances to **Cork County Council**, for the purpose of the Temporary Closure of Public Road(s) to facilitate (**insert the specific Event**)
OR

the carrying out of Works on Public Road(s) for (specify purpose)
(*delete as appropriate*)

7. I hereby certify that there are no clauses, exclusions, terms, conditions, limitations or otherwise contained in the above-mentioned Insurance Policies which negate or conflict with any of the information provided above.

8. Signature : On behalf of Insurance Company / Broker	Date:
9. Stamp of Insurance Company / Broker	

Note - It is an offence to alter the wording of this Form