GREEN BELT

YOUR FOREST · YOUR FUTURE

LETTER OF INDEMNITY

Please have your INSURANCE BROKER/COMPANY COMPLETE THIS FORM to confirm that you hold Public, Products and Employers Liability Insurance in respect of the business described in your policy.

NAME OF CONTRACTOR: _____

INSURANCE LIABILITY POLICY NUMBER: _____

RENEWAL DATE: _____

To whom It May Concern:

We/I confirm that the above policy provides an indemnity to Green Belt Ltd by

_____for the purpose of, business described on the insurance Policy, i.e. Forestry Contractor.

Public/Products Liability Insurance: not less than €6,500,000

Employers' Liability: not less than €13,000,000

INSURANCE COMPANY AND/OR INSURANCE BROKER STAMP:

Signed: _____

PRINT NAME: _____

OCCUPATION: _____

Date: _____

GREEN BELT HEAD OFFICE, VIRGINIA, CO. CAVAN, IRELAND

T. 1800 200 233 | www.greenbelt.ie