

**CONFIRMATION OF HIRED IN PLANT INSURANCE  
TO BE COMPLETED BY BROKER/INSURANCE COMPANY**

CLIENT NAME	
INSURANCE COMPANY (NAME & ADDRESS)	
POLICY NUMBER	
RENEWAL DATE	
TOTAL SUM INSURED	
SINGLE ITEM LIMIT	
POLICY EXCESS	
SPECIAL CONDITIONS (IF NONE STATE NONE)	
BROKER/INSURANCE COMPANY STAMP	
ROAD RISK COVER (PLEASE CIRCLE)	YES      NO
IF YES TO ABOVE QUESTION STATE INSURANCE BROKER	
RENEWAL DATE	
POLICY NUMBER	
PRINT NAME	
SIGNATURE	
DATE	

PLEASE RETURN TO:  
Address as above or  
[doxia@gghhire.com](mailto:doxia@gghhire.com)  
Fax: 020 8443 2727