

	Co	NFIRMATION OF INSURANCE		
Client Name	Greenflame Installations Ltd			
Client Address	Unit 4 PH26	IB, Achnagonalin Industrial Estate, G 3TA	Grantown-On-Spey, Morayshire,	
Occupation/Type of Business	stove Instal Servio		boilers and air source heat pumps. cluding plumbing work and radiators.	
SECTION A - CONTRACTORS LIABILITY		4		
Primary Insurer	Sirius	SiriusPoint International Insurance (UK) Limited		
Policy Number	D24X2P2A			
Excess of Loss Insurer	N/A	N/A		
Policy Number	N/A	N/A		
Period	12 <sup>th</sup> [	12 <sup>th</sup> December 2024 – 11 <sup>th</sup> December 2025		
A1 – EMPLOYERS LIABILITY				
Limit Of Indemnity (any one occurrence)			£10,000,000	
Limit Of Indemnity (any one occurrence)			£5,000,000 (£2,000,000 in respect of Use of Heat)	
Excess (each & every claim including costs and expenses)			£250, increasing to £1,000 in respect of increased heat	
A3 – Products Liability				
Limit Of Indemnity (any one occurrence)			£5,000,000	
Excess (each & every claim including costs and expenses)			£250	
SECTION B - PROFESSIONAL INDEMNITY				
Primary Insurer	AXA >	(L Insurance Company UK Limited		
Policy Number	PQ06	PQ0697223		
Period	01 <sup>st</sup> J	uly 2025 – 30 <sup>th</sup> June 2026		
imit of Indemnity (any one claim & in the aggregate)		£1,000,000		
Excess (each & every claim)			£2,500	
SECTION C – CONTRACTORS ALL RISKS – NOT INSURED WITH BLACKHAWK INSURANCE				
Insurer				
Policy Number				
Period				
Limit Of Indemnity (any one contract)	-			
Limit Of Indemnity (own plant – total sum insured)				
Limit Of Indemnity (hired in plant – single item limit)				
Limit Of Indemnity (employee tools)				
Excess (each & every claim)				
SECTION D – NOTES				
To Principal		To Contractor	Date: 02/07/2025	
All Policies in force up to stated Renewal Dates General Principals' Clause &/or equivalent included Subject to Policy Terms, Conditions & Exceptions The above is correct at the date of signing Alterations/Cancellations may occur during the period		This document is sufficient evidence to your principal of the existence of the above insurance arrangements Please retain this original form and send copies to any principals	Signed F. Crave	