

Schedule 2: Insurance Information

Prequalified Supplier Name: _____

Please provide details of the following insurances below:

Public Liability Insurance	
Name of Insurance Companies	
Policy Number(s)	
Expiry Date(s)	
Policy amount (per occurrence)	

WorkCover Insurance	
Name of Insurance Companies	
Policy Number(s)	
Expiry Date(s)	

Please attach certificates as part of your application.