

Attachments for Procedure CA/21

CL/CA 21/ 01 –CHECKLIST FOR ACCEPTANCE OF INSURANCE

Contract Name :

Contract No :

S/No.	Activity	Status	Remarks
1.	Contractor submits evidence of insurance such as copies of the policies for the insurances and receipts for payments of insurance premiums	<input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> Not Applicable	
2.	Insurance Policies submitted by the Contractor fulfil the insurance requirements stipulated in the Contract and/or agreed by the parties prior to the date of the Letter of Acceptance	<input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> Not Applicable	
3.	Insurance policy states the Employer as a joint insured.	<input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> Not Applicable	
4.	Deductibles and exclusions included within insurance policies are complying with the Contract and/or agreed by the parties prior to the date of the Letter of Acceptance.	<input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> Not Applicable	
5.	Insurance coverage is in force during the entire period stipulated in the Contract	<input type="checkbox"/> OK <input type="checkbox"/> Not OK <input type="checkbox"/> Not Applicable	

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Project Director/Project Manager