HSB

CONTRACT WORKS DECLARATION FORM

Type of Policy: **Transfer Basis** ☐ ; alt **Commenced Basis** ☐

The Named Insured: _____ **Policy No:** _____ **Page 1 of**

Listing of Projects undertaken between: _____ **at 4.00 pm and:** _____ **at 4.00 pm**

Job No	Project Title	Address	Post code	Contract Description	Date Commenced	Estimated or Actual Completion Date	Contract Value (incl value of principal supplied materials	Value Completed at Anniversary Date	Value of Work still to be Completed
							$	$	$
							$	$	$
							$	$	$
							$	$	$
							$	$	$
							$	$	$
							$	$	$
							$	$	$
							$	$	$
							$	$	$
							$	$	$

Name of Responsible Person:……..; Signature:……..……..…; Date:……..