

## Contractor's Insurance Report Form (CIRF1)

Scheduled Department:	Department of Infrastructure, TransportNI		
Condition of Contract (i.e. NEC3 Option B, ICE etc):	N/A		
Contract Title: <b>(3 Lines Only)</b>	(N/A -No contract involved )- Provision of Temporary direction signing - 3 Year authorisation .		
Contract Period:	N/A	Contract Value:	N/A
Contractor's Name:	McVeigh Contracts Ltd		
Contractor's Address: <b>(4 Lines Only)</b>	10 Station Road , Saintfield , Bt24 7DU		
Contractor's Broker:	McGrady Insurance		
Broker Contact Name:		Email Address:	
Brief Description of Works: <b>(6 Lines Only)</b> Use "Additional Information" box below if necessary.	Provision of temporary traffic signing on public roads.Department seeking to authorise specialsts companies , which provide temporary traffic management arrangements on road , for a three year period .		
Date Check Requested:	20/03/2018	Reference Number:	
Date for Compliance:		Contract End Date:	01/08/2024

### Insurance Requirements as shown in Contract Data Part 1 and Instructions for Tenderers (if applicable):

Insurance Type:	Public Liability	Policy Renewal Date:	06/02/2023
<b>Fully Complies With CoC</b>			
Value of Cover:	10,000,000	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Maximum Excess:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments/Issues: <b>(4 Lines Only)</b>	Endorsements - as per policy		
Insurance Type:		Policy Renewal Date:	
<b>Fully Complies With CoC</b>			
Value of Cover:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maximum Excess:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments/Issues: <b>(4 Lines Only)</b>			
Insurance Type:		Policy Renewal Date:	
<b>Fully Complies With CoC</b>			
Value of Cover:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maximum Excess:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments/Issues: <b>(4 Lines Only)</b>			
Insurance Type:		Policy Renewal Date:	
<b>Fully Complies With CoC</b>			
Value of Cover:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maximum Excess:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments/Issues: <b>(4 Lines Only)</b>			

Comments/Issues: <b>(4 Lines Only)</b>	
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General Comments/Issues: <b>(9 Lines Only)</b>	
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Department's Contact Details (Name, Tel. No & Email Address): <b>(4 Lines Only)</b>	Kieran Connolly; [REDACTED]
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Broker's Contact Details (Name, Tel. No & Email Address): <b>(4 Lines Only)</b>	[REDACTED]
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Additional Information: <b>(38 Lines Only)</b>
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Check Carried Out By:  
(For and on behalf of Broker)

[Redacted]

Date: 08/09/2022