




CONFIRMATION OF INSURANCE		
Company Name	Fitzpatrick Mechanical Services Limited	
Registered Address	Unit 16 Stanley Court, Shearway Business Park, Folkestone, Kent, CT19 4FJ	
Occupation/Type Of Business	Commercial Plumbing Installations, Heated and Chilled Water Installation	
<b>SECTION A - CONTRACTORS LIABILITY</b>		
Primary Insurer	Accelerant Insurance Europe SA/NV UK Branch	
Policy Number	TSL2405022	
Excess of Loss Insurer	Zurich Insurance Company Ltd	
Policy Number	XL/1007523TUW	
Period	12 <sup>th</sup> May 2025 to 11 <sup>th</sup> May 2026	
<b>A1 – EMPLOYERS LIABILITY</b>		
Limit Of Indemnity ( <i>any one accident</i> )	£10,000,000	
<b>A2 – PUBLIC LIABILITY</b>		
Limit Of Indemnity ( <i>any one accident</i> )	£10,000,000	
Excess ( <i>each &amp; every claim including costs and expenses</i> )	£500 increasing to £1,500 in respect of Escape of Water	
<b>A3 – PRODUCTS LIABILITY</b>		
Limit Of Indemnity ( <i>any one accident and in all</i> )	£10,000,000	
Excess ( <i>each &amp; every claim including costs and expenses</i> )	£500 increasing to £1,500 in respect of Escape of Water	
<b>SECTION B – PROFESSIONAL INDEMNITY – NOT INSURED</b>		
Primary Insurer		
Policy Number		
Period		
Limit of Indemnity – Any one claim and in the aggregate		
Excess ( <i>each &amp; every claim</i> )		
<b>SECTION C – CONTRACTORS ALL RISKS</b>		
Insurer	HSB Engineering Insurance Limited	
Policy Number	CIA003760ACT	
Period	12 <sup>th</sup> May 2025 to 11 <sup>th</sup> May 2026	
Limit Of Indemnity ( <i>any one contract</i> )	£2,500,000	
Limit Of Indemnity ( <i>owned plant</i> )	£50,000	
Limit Of Indemnity ( <i>hired in plant</i> )	£0	
Limit Of Indemnity ( <i>employee tools</i> )	£0	
Excess ( <i>each &amp; every claim</i> )	£1,000	
<b>SECTION D – NOTES</b>		
<b>To Principal</b>  All Policies in force up to stated Renewal Dates A general Principals' Clause &/or equivalent may be included subject to Policy Terms, Conditions & Exceptions The above is correct at the date of signing Alterations/Cancellations may occur during the period	<b>To Contractor</b>  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	<b>Date: 24/04/2025</b>   <b>Signed</b>