



# COMMERCIAL INSURANCE BACKED GUARANTEES SATISFACTION DECLARATION



Customer Name	Customer Address	Type of Work	Contract Value (excluding VAT)	Completion Date	Site Address

I/We confirm that all works have been completed satisfactorily, all monies paid, there are no outstanding works and a written guarantee has been issued.

Contractor's Name (block capitals) .....

Contractor's Signature ..... Date .....

Customer's Signature ..... Date .....