

LATENT DEFECTS INSURANCE - SATISFACTION DECLARATION

CUSTOMER NAME & ADDRESS	CONTRACTOR NAME & ADDRESS	SITE ADDRESS	DESCRIPTION OF WORKS	FINAL CONTRACT VALUE	COMPLETION DATE
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1. (To be completed by Contractor and Customer)

I/We confirm that all works have been completed satisfactorily, all monies paid, there are no outstanding works and a written guarantee (to match the period of insurance requested) has been issued.

Contractor's Signature Date

Customer's Signature Date

2. (To be completed by Contractor)

We understand that in terms of the Latent Defects Insurance arranged we are responsible for any defects reported in the Initial Guarantee Period (i.e. the first 24 months of cover).

Contractor's Signature Date
 Title/Position in Company