

THAMES & KENNET MACHINERY RING LTD

STATEMENT OF MEMBER INSURANCE

Name:

Address:

.....
.....

Please state the activities involved within the ring (i.e. General Agriculture or named specific operation):

.....
.....

Will any of the activities include spraying or chemical treatment? YES/NO

Do the following insurers cover work for other members? YES/NO

Insurances Held

Employers Liability:

Insurer:

Policy Number:

Renewal Date:

Public/Products Liability:

Insurer:

Policy Number:

Renewal Date:

Limit of Indemnity: £.....

If crop spraying involved, indemnity limit for damage to crops: £.....

Machinery Insurance (including loss or damage):

Insurer:

Policy Number:

Renewal Date:

Signed: Date:

Please contact your insurance provider for clarification of the position before joining the ring. All members are required to carry their own policies.