

YEAR END DECLARATION FORM

CLIENT	
REF	

Please complete with figures effective from:

to:

EMPLOYERS LIABILITY

Number of Full Time Employees
 Number of Part Time Employees

WAGES

	General	Power Line work*	Railway work*
Clerical	£	£	£
Forestry Felling - Manual	£	£	£
Forestry Felling - Drivers	£	£	£
Saw Bench Operators	£	£	£
Fencing, Planting	£	£	£
Tree Surgery - Chainsaw use above the Ground	£	£	£
Tree Surgery - Chainsaw use at Ground Level	£	£	£
Tree Surgery - Groundwork within radius of tree	£	£	£
Use of Woodchipping Machinery/Stump Grinders	£	£	£
Landscaping	£	£	£
Spraying	£	£	£
Other (Please describe)	£	£	£
	£	£	£

* supplementary forms may be required

PUBLIC/PRODUCTS LIABILITY

TURNOVER

	General	Power Line work*	Railway work*
Forestry Felling - Manual	£	£	£
Forestry Felling - Mechanised	£	£	£
Fencing, Planting	£	£	£
Tree Surgery - Chainsaw use above the Ground	£	£	£
Tree Surgery - Chainsaw use at Ground Level	£	£	£
Tree Surgery - Groundwork - no chainsaw	£	£	£
Landscaping	£	£	£
Sales of	£	£	£
Other (Please describe)	£	£	£
	£	£	£

* supplementary forms may be required

PROFESSIONAL INDEMNITY

Please read the attached Important Notice - Professional Indemnity Declaration

Fee Income

We have read and understood the contents of the Professional Indemnity Declaration and confirm that we attach full details wherever we are unable to answer "no" to any of the questions.

Signed _____ Date _____

HIRED IN PLANT

Annual Hiring Payments

ALL RISKS ON EQUIPMENT

PERSONAL ACCIDENT/SICKNESS