



Alpha Personnel Recruitment Limited

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Suite 1, Level 3, 27 Gillies Avenue

Insurance Declaraton

Contractor Name: Anna Satanina

Address: 108/47 Hobson Street, Auckland

Phone Number: 022 345 16 39

I, Anna Satanina on behalf of the Contractor hereby declare that I have been

made aware by Alpha that the Contractor must have current Public Liability and Professional Indemnity insurance while engaged on contract roles with Alpha's clients to the sum of \$2 million for each event and that I have arranged/am arranging such insurance as below: (please tick appropriate box)

☒ I have organised my own PL and PI insurance and my insurer(s) are

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☐ I will take advantage of Alpha's insurance cover at the hourly rate quoted to me and authorise Alpha to deduct the insurance from any hours worked for Alpha on its client engagements.

☐ I will organise my own PL and PI insurance and will advise Alpha of the details prior to the start of any engagement with Alpha on its client engagements.

I acknowledge that Alpha has the right to ask to sight my current insurance certificates where I have arranged my own insurances.

Signature:

Date:

10/01/2018
