

Motor Contingency Policy Declaration

**Original, stamped document to be submitted.
(To be completed by the applicant's insurance company/insurance broker)**

Motor Contingency Policy Declaration to be completed by the Permit Holder / Applicant's insurance company / broker when their existing Motor Insurance Policy does not cover leased / hired vehicles or owner drivers engaged by the Permit Holder.

Waste collection permit holder/ applicant _____

I confirm that the above has a Motor Contingency Insurance Policy covering the use of vehicle(s) leased/hired by the permit holder/applicant or with owner drivers engaged by the permit holder in relation to activities which are the subject matter of the Waste Collection Permit.

- Policy No.: _____
- Expiry Date of Policy _____

Note: The extension may be provided under either the Applicant's Public Liability or Motor Vehicle Insurance Policy.

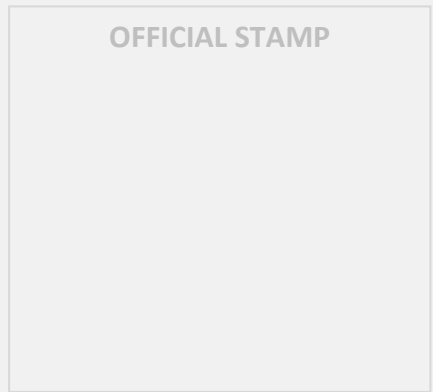
Insurance Broker or Company:

Insurance Representatives Signature:

Print Name:

Position or Title:

Date:



WARNING: IT IS AN OFFENCE UNDER ARTICLE 36 (1) OF THE WASTE MANAGEMENT (COLLECTION PERMIT) REGULATIONS 2007, AS AMENDED, FOR ANY PERSON TO PROVIDE FALSE OR MISLEADING INFORMATION FOR THE PURPOSES OF OBTAINING A WASTE COLLECTION PERMIT.