# Insurance Waiver Declaration ­

Project-Based Activities

Version 2.0 – 11 December 2018

To participate in Victorian Energy Upgrade (VEU) project-based activities (PBA), accredited persons (APs) must generally have:

1. public liability insurance cover of at least $5 million
2. products liability insurance cover of at least $5 million
3. professional indemnity insurance cover of at least $5 million.

Public liability covers the replacement and/or rectification of members of the public’s property damaged or injury caused as a result of work performed by or on behalf of you, the AP.

Products liability covers the replacement and/or rectification of customers' property damaged or injury caused as a result of products provided by or on behalf of you, the AP.

Professional indemnity covers the replacement and/or rectification of customers' property damaged as a result of advice given or work performed by or on behalf of you, the AP.

If you are an AP who intends to carry out a PBA at your own site, you are exempt from the Essential Service Commission’s (the commission’s) requirement to maintain these three insurances at these levels for the purposes of that project. In this case you should determine your own acceptable level of cover.

Should you undertake other projects that are not on your own site, you must fulfil the commission’s requirements for insurance.

## Declaration

I declare that I am an AP who intends to undertake a PBA on my own site.

I understand that as I am undertaking a PBA at my own site, I am not required to hold public liability insurance cover of at least $5 million, insurance cover for products liability of at least $5 million, or professional indemnity of at least $5 million.

I understand it is my responsibility to assess and provide my own insurance coverage.

I understand I must fulfil the commission’s insurance requirements for any PBAs I undertake that are not at my own site.

Signed for and on behalf of )

[Name] )

[Title] )

[Company name] )

 Signature

in the presence of

Witness name Signature of witness

Dated: / /