



**CANARY WHARF  
GROUP**

**Request for information form - Company**

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Please provide the following information and email to [pressoffice@canarywharf.com](mailto:pressoffice@canarywharf.com)

Company name

Company Address

Main switchboard number

Web address

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<b>Insurance type</b>	<b>Insurance co.</b>	<b>Policy number</b>	<b>Cover</b>	<b>Expiry date</b>
Employer's liability				
Public and product liability				
Professional indemnity				
Contractor's all risks				
Other relevant insurance				

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<b>Names of people requesting permits</b>	<b>Name</b>	<b>E-mail address</b>
Requestor 1		
Requestor 2		
Requestor 3		
Requestor 4		

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