MIA CALL-OFF AGREEMENT

Note: An Authority should not enter into an MIA Call-Off Agreement unless either:

Company Name: ("Supplier")

(i) There is a current Overarching Master Indemnity Agreement with current insurance in place, as evidenced by the fact that the Supplier is on Master Indemnity Agreement Register with current insurance that can be viewed at: https://www.gov.uk/government/publications/master-indemnity-agreement-mia; or

(ii) In exceptional circumstances for reasons of urgency where it is not possible for the Supplier to enter into an Overarching Master Indemnity Agreement prior to the delivery of the Equipment or where the insurance is not current and where the Authority itself has carried out its own checks and confirmed that the Supplier has appropriate current public liability and product liability insurance in place in respect of public liability and product liability covering the Equipment with the minimum cover per claim of five million pounds (GBP) (£5,000,000) in accordance with the requirements of the Master Indemnity Agreement Terms and Conditions (August 2016)

Address:				
	Post	code:		
Contact Name:				
Contact E-Mail:				
Telephone No.:				
Company Registra	tion Number (i.e. the registra	tion number of		
the Company at C	Companies House or other re	elevant national		
companies registry):				
	ching Master Indemnity Agre			
	ance? If yes, state "Yes" and	insert the MIA		
number here. If no	·			
	ires completing where there is			
	Taster Indemnity Agreement			
	In these circumstances, the A	•		
	rance requirements have been			
	e and state "Insurances C	hecked by the		
Authority" here.				
Delivery Date:	(beir	ng the date of delivery of the Equipment		
·		e Authority)		
Authority:		·		
Authority Address				
•	Post	code:		
Authority Contac	t	·		
Name:				
Authority Contac				
T 3 C 11	t			
E-Mail:	t			
E-Mail: Authority	t			
Authority Telephone No.:				
Authority Telephone No.: The Equipment to	be supplied by the Supplier to	the Authority		
Authority Telephone No.: The Equipment to Type of		the Authority		
Authority Telephone No.: The Equipment to Type of Equipment		the Authority		
Authority Telephone No.: The Equipment to Type of		the Authority		

Model/Make:			
Serial Nos.:			
Value:			
Loan or			
transfer?:			
Note. Where			
disposable			
Equipment is			
provided, this			
should be on a			
transfer basis.			
Purpose of			
loan or			
transfer:			
Loan Period (to	be completed only where th	e Equipment is be loaned):	
[days	/months/years (delete as ap	propriate)] commencing on [] day of	
[] 20[]		
Premises and Lo	ocation(s) at which the Equip	pment will be kept:	
T 11 .1			
		Equipment on a loan or transfer basis for the	
		nge of obligations under the Master Indemnity	
		016), the Authority and the Supplier confirm	
		nd Conditions (August 2016) shall apply to the	
		applier to the Authority (on either a loan or	
		n signature of this MIA Call-Off Agreement by	
		binding agreement on such terms shall come	
		arties incorporating such Master Indemnity	
l . •	. ` •	16), which shall be effective from the delivery	
date of the Equip	ment as set out above.		
By signing this MIA Call-Off Agreement, the Supplier also confirms delivery of the			
Equipment detailed above to the Authority. By signing this MIA Call-Off Agreement, the Authority also acknowledges receipt of the Equipment detailed above on the delivery date			
		quipment detailed above on the delivery date	
referred to above			
SIGNED on ben	alf of the Supplier:		
Name and positi	on:		
Tame and post			
Date:			
	alf of the Authority:		
	V		
Name and positi	on:		
Date:			

COLLECTION CONFIRMATION RECEIPT (for Equipment on loan only) To be completed at the point the Equipment is collected by the Supplier.			
any outstanding obligations and/or liabilities	der this MIA Call-Off Agreement in relation to es of the Supplier, the Authority confirms onfirms receipt, of the Equipment detailed on ::		
Date of Collection:			
SIGNED on behalf of the Authority:			
Name and position:			
Date:			
SIGNED on behalf of the Supplier:			
Name and position:			
Date:			