



Irwell

INSURANCE COMPANY LIMITED

Certificate of Employers' Liability Insurance^(a)

(The requirements for the display of the certificate will be satisfied if the certificate is made available in electronic form and each relevant employee to whom it relates has reasonable access to it in that form)

MALT01LI03

Policy No:

1. Name of policy holder:
2. Date of commencement of insurance policy: 00.00hrs on: 02.02.2024
3. Date of expiry of insurance policy: 23.59hrs on: 01.02.2025

We hereby certify that subject to paragraph 2:-

1. the policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey and the Island of Alderney, or to offshore installations in any waters outside the United Kingdom to which the Employers' Liability (Compulsory Insurance) Act 1969 or any amending primary legislation applies^(b); and
2. (a) the minimum amount of cover provided by this policy is no less than GBP 5,000,000 ^(c); or
~~(b) the cover provided under this policy relates to claims in excess of GBP~~
but not exceeding GBP

Signed on behalf of Irwell Insurance Company Limited (Authorised Insurer)

INSURANCE COMPANY LIMITED

..... Signature

- (a) Where the employer is a company to which regulation 3(2) of the Regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- (b) Specify applicable law as provided for in regulation 4(6) of the Regulations.
- (c) See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.

Note: The information below this line does not form part of the statutory certificate. The Insurer on whose behalf this certificate is issued require the following information to be entered by the issuing intermediary:

Name and address of issuing intermediary:
UMR:

Clegg Gifford & Co Ltd, 128 – 129 Minories, London, EC3N 1NT
CLEGG_GIFFORD_IRWELL_Y2023

Authorised Insurer:
Issuing intermediary's reference:
(if different from the Policy Number stated above)

Irwell Insurance Company Limited