



CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE (a)

(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 1998 (the Regulations), one or more copies of this certificate must be displayed at each place of business at which the policy holder employs persons covered by the policy)

1. Name of policy holder Policy No Y092233
Information Technology Care Ltd

2. Date of commencement of insurance policy 01/09/2017

3. Date of expiry of insurance policy 31/08/2018

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, Isle of Man, Island of Jersey, Island of Guernsey, Island of Alderney; or any offshore installations in territorial waters around Great Britain and its Continental Shelf **(b)**: and;
2. (a) the minimum amount of cover provided by this policy is no less than £5 million (c); or
(b) ~~the cover provided under this policy relates to claims in excess of [£] but not exceeding [£].~~
3. the policy covers the holding company and all its subsidiaries
None

Signed on behalf of QBE Insurance (Europe) Limited (Authorised Insurer)

Notes

- (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.*

Important

Display 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.

F.A.O Ralph Chiren
Information Technology Care Ltd
Park Lane House
47 Broad Street
Glasgow
Lanarkshire
G40 2QW

01 September 2017

Dear Ralph

POLICY NO: Y092233QBE0113A
TYPE OF POLICY: Combined Liability

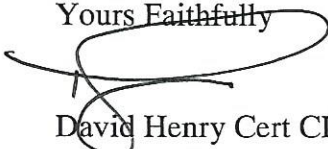
I refer to our renewal invitation e-mail dated 30th August 2017 and enclose for you confirmed policy documentation in relation to the above mentioned policy.

I can confirm having renewed the Premium Credit direct debit agreement for you for a further year.

Premium Credit will contact you to advise the schedule of payments as per previous years.

Should you have any queries please do not hesitate to contact me.

Yours Faithfully



David Henry Cert CII
Account Executive
d.henry@mackaycorporate-brokers.com

