

# JENSTEN

UNDERWRITING

## Certificate Of Employers' Liability Insurance <sup>(a)</sup>

**Policy Number** CCI/7128/515046/2023

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

This requirement 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.

It is recommended that you retain a copy of each Employers' Liability certificate issued to you.

### Insured

Norman Lewis Business Equipment Ltd

### Name of Insured

### Period of Insurance

**Effective** 25/07/2023

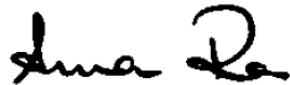
**Expiry** 24/07/2024

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 territorial waters around Great Britain to which the Employers' Liability (Compulsory Insurance) Act 1969 or any amending primary legislation applies (b); and

2. The minimum amount of cover provided by this policy is no less than £5 Million (c)

Signed on behalf of Insurer details for the schedule Accelerant Insurance Europe SA



### 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.

### Your Insurers

**Insurer** Insurer details for the schedule Accelerant Insurance

**Issuing Intermediary's reference** ABE2300020

**Name and address of issuing intermediary** Jensten Underwriting Limited  
Coversure House  
Washingley Road  
Huntingdon  
PE29 6SR