

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 Certificate).

Certificate No.: UK CCC 5079335

Name of Certificate holder: **Saward Tipping Services Ltd**

Trading Name(s):

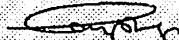
Date of commencement of insurance: **18/04/2016**

Date of expiry of insurance: **17/04/2017**

We hereby certify that subject to paragraph 2:-

- 1 the insurance 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 the minimum amount of cover provided by this insurance is no less than £10,000,000^(c)

Signed on behalf of the Insurers.



Gary Humphreys
For Authorised Insurers

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 insurance covers the holding company and all its subsidiaries, or that the insurance covers the holding company and all its subsidiaries except any specifically excluded by name, or that the insurance 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 insurance.

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

Name and address of issuing intermediary:

C C Flint & Company Ltd
Flint House
5 Powerscroft Road
Sidcup
Kent
DA14 5DT

Issuing intermediary's reference:

(if different from the Policy Number stated above)