

Certificate of Employers' Liability Insurance(a)

(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 2008 (the Regulations), a copy of this certificate must be displayed at all places where you employ persons covered by the policy or an electronic copy of the certificate must be retained and be reasonably accessible to each employee to whom it relates).

P/01/39238976/XAO:27T0010013 Policy No.

1. Name of policyholder

2. Date of commencement of insurance policy

> 3. Date of expiry of insurance policy

Zurich Insurance plc, a public

limited company incorporated in Ireland. Registration No. 13460. **Registered Office: Zurich** House, Ballsbridge Park, Dublin 4, Ireland. UK Branch registered in England and Wales Registration No. BR7985. UK Branch Head Office: The Zurich Centre, 3000 Parkway,

Whiteley, Fareham, Hampshire PO15 7JZ.

Authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority. Details about the extent of our regulation by the Financial Conduct Authority are available from us on request

**BF** Adventure

28/11/2016

27/11/2017

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 (b)

2. (a) the minimum amount of cover provided by this policy is no less than  $\pounds 5$ million (c)

Signed on behalf of Zurich Insurance plc (Authorised Insurer).

Signature

Villes Stone

Vibhu Sharma

CEO - Zurich UK General Insurance

## 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.



## To Whom It May Concern

Our Reference:	P/ 01/ 39238976		
Name of Insured:	BF Adventure		
Policy Number:	This is to confirm that BF Adventure have in force with this Company until the policy expiry on 27th November 2017 insurance incorporating the following essential features: P/ 01/ 39238976 / XAO:27T0010013		
Renewal Date:	28th November 2017		
Limits of Indemnity:	Public Liability:	£10,000,000 minimum* any one event	
	Products Liability:	£10,000,000 minimum* for all claims in the aggregate during and one period of insurance	
	Pollution Liability: Employers' Liability:	As per Products Liability £10,000,000 any one event inclusive of costs	

\*Please refer to your Policy Schedule for your exact Limit of Indemnity

Excess:	Public Liability:	Nil any one claim
	Products Liability:	Nil any one claim
	Pollution Liability:	Nil any one claim
	Employers' Liability:	Nil any one claim

## Indemnity to Principals

Covers include a standard Indemnity to Principals Clause in respect of contractual obligations.

## Full Policy

The policy documents should be referred to for details of full cover.

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> Communications may be monitored or recorded to improve our service and for security and regulatory purposes