

**Certificate of Employers' Liability Insurance<sup>(a)</sup>**

(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 GLB 8708379

Name of Certificate holder: J H Elevators Ltd

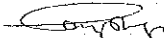
Date of commencement of insurance: 23/09/2015

Date of expiry of insurance: 22/09/2016

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<sup>(b)</sup>; and
- 2 the minimum amount of cover provided by this insurance is no less than £10,000,000<sup>(c)</sup>

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:

BJP Insurance Brokers Limited  
Southgate House  
Wellington Road  
Wokingham  
Berks  
RG40 2BJ

Issuing intermediary's reference:

(if different from the Policy Number stated above)