



CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE (a)

(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 1998 (the Regulations) as amended by the Employers' Liability (Compulsory Insurance) (Amendment) Regulations 2008, 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)

Policy No. CZDA0001386/12853855/19

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|----|--|------------------------|
| 1. | Name of policyholder | Atkins Gregory Limited |
| 2. | Date of commencement of insurance policy | 01/05/2020 |
| 3. | Date of expiry of insurance policy at Midnight | 30/04/2021 |

We hereby certify that subject to paragraph 2:-

- 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 and its Continental Shelf **(b)**; and
- (a)** the minimum amount of cover provided by this policy is no less than £5 million **(c)**

Notes

- 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.*
- Specify applicable law as provided for in regulation 4(6) of the Regulations.*
- 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.*

This policy covers the policyholder and only any subsidiaries thereof named below;

As named above.