


**CONFIRMATION OF INSURANCE**

<b>CONTRACTOR</b>	ITS (Asbestos) Ltd		
<b>BUSINESS DESCRIPTION</b>	Supplier of Labour to Asbestos Removal Industry		
<b>(A)</b>	<b>CONTRACTORS' LIABILITY</b>		
AS REQUIRED UNDER THE EMPLOYERS' LIABILITY (COMPULSORY INSURANCE) ACT 1969			
<b>INSURER / POL. NO. / RNL DATE</b>	Amtrust Europe Limited	B1903 36100077	14th September 2011
<b>(1)</b>	<b><u>EMPLOYERS' LIABILITY INCLUDING HEALTH &amp; SAFETY AT WORK ETC. ACT 1974 – LEGAL COSTS</u></b>		
	INDEMNITY	: ANY ONE ACCIDENT	GBP 10,000,000
<b>(2)</b>	<b><u>PUBLIC LIABILITY</u></b>		
	INDEMNITY	: ANY ONE ACCIDENT	GBP 5,000,000
	EXCESS	: PROPERTY DAMAGE/BODILY INJURY	GBP 2,500
	* Each and Every Claim including Costs and Expenses		
<b>(3)</b>	<b><u>PRODUCTS LIABILITY</u></b>		
	INDEMNITY	: ANY ONE ACCIDENT & IN ALL	GBP 5,000,000
	EXCESS	: PROPERTY DAMAGE/BODILY INJURY	GBP 2,500
	* Each and Every Claim including Costs and Expenses		
<p>NOTES TO PRINCIPAL</p> <ol style="list-style-type: none"> <li>1. All Policies in force up to stated Renewal Dates.</li> <li>2. General Principals' Clause &amp;/or equivalent included</li> <li>3. Subject to Policy Terms, Conditions &amp; Exceptions.</li> <li>4. The above is correct at the date of signing.</li> <li>5. Alterations/Cancellation may occur during the period.</li> <li>6. Current position will be confirmed on request.</li> </ol> <p>MILES SMITH, BIRCHIN COURT, 20 BIRCHIN LANE, LONDON, EC3V 9DU. TELEPHONE: 020-7283-0040 FAX 020-7220-0860</p>		<p>NOTE TO CONTRACTOR</p> <p>This document is sufficient evidence to your Principal of the existence of the above Insurance Arrangements. Do not part with your original Policies. Please retain this original Form and Send photostats to any Principal</p>	
3815	SIGNED:		
	DATED: 16 September 2011		



AmTrust Europe  
An AmTrust Financial Company

## **Certificate of Employers' Liability Insurance (a)**

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(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulation 1998 (the Regulations), 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)

**Policy Number:** ITS (Asbestos) Ltd  
**Name of Policyholder:** B1903 36100077  
**Date of commencement of insurance policy:** 14<sup>th</sup> September 2011  
**Date of expiry of insurance policy:** 13<sup>th</sup> September 2012

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, (b) Northern Ireland, the Island of Guernsey, the Island of Jersey and the Island of Alderney; and
2. (a) the minimum amount of cover provided by this policy is no less than £5 million (c)

Signed on behalf of AmTrust Europe Limited (Authorised Insurer)

Max Caviët  
Director

### 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 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.

AmTrust Europe Limited. Registered in England no. 1229676  
Registered Office: Market Square House, St James's Street, Nottingham, NG1 6FG, United Kingdom.