

CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE

(Where required by regulation 5 of the Employers Liability (Compulsory Insurance) Regulations 1998 as amended (the Regulations), one or more copies of this certificate must be displayed or made available to inspect in each place of business at which the policy holder employs person(s) covered by the policy)

Policy Number : TDHG000114

1. Name of Policyholder: Crofton Care Partnership

2. Date of commencement of insurance policy: 18/06/2014 L.S.T.

3. Date of expiry of insurance policy: 17/06/2015 L.S.T.
both days inclusive

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, or to offshore installations in any waters outside the United Kingdom to the Employers' Liability (Compulsory Insurance) Act 1969 or any amending primary legislation applies (b) ; and**
2. **(a) the minimum amount of cover provided by this policy is no less than £5,000,000 (c) or (b) deleted in accordance with note (c) below**

Signed on behalf of Gable Insurance AG.



William Dewsall
(Managing Director)



Jost Pilgrim
(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 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.

Gable Insurance A.G.

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