

CONFIRMATION OF PUBLIC LIABILITY COVER
Policy: 5019636/101443

HISCOX

CONFIRMATION OF PUBLIC LIABILITY COVER

Name: Mr Nigel Downton
Description of Business: Wedding Car Operator
Insurer: Hiscox
Policy Number: 5019636/101443
Start Date: 07/12/2021
Expiry Date: 06/12/2022

We hereby confirm that that above named client has Public Liability cover with an indemnity limit of £5,000,000.

Cover includes claims against the above named policy holder for the following:

Claims against you If, as a result of **your business**, any party brings a claim against you for **bodily injury** to any person or **property damage** occurring during the **period of insurance**, **we** will indemnify **you** against the sums **you** have to pay as compensation. **We** will also pay **defence costs** but **we** will not pay costs for any part of a claim not covered by this section.

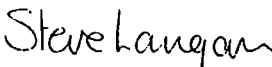
Claims against principals If, as a result of your business, any party brings a claim, which falls within the scope of What is covered, Claims against you, against a customer of your business for whom you are providing services under contract or agreement and you are liable for that claim, **we** will treat such claim as if made against you and make the same payment to such customer that **we** would have made to you, provided that the party to be indemnified:

- a. has not, in **our** reasonable opinion, caused or contributed to the claim against them;
- b. accepts that **we** can control the claims defence and settlement in accordance with the terms of this section;
- c. has not admitted liability or prejudiced the defence of the claim before **we** are notified of it;
- d. gives **us** the information and co-operation **we** reasonably require for dealing with the claim.

Cross liabilities If more than one insured is named in the **schedule**, **we** will deal with any claim as though a separate policy had been issued to each of them provided that our liability in the aggregate shall not exceed the limit of indemnity shown in the **schedule**.

Claims against principals If any governmental, administrative or regulatory body brings any criminal action against **you** during the **period of insurance** for any breach of statute or regulation directly relating to any actual or potential claim under this section, **we** will pay the costs incurred with **our** prior written consent to defend such an action against you.

Signed:


Dated: 18/11/2021

Clients of the contractor should note that the information in this document is valid only on the day of signature. They should telephone us to check any subsequent amendments. The policy is subject to Insurers normal terms and conditions.

Certificate of Motor Insurance

Note: This **certificate** should be read together with **your policy**.

If you need to make a claim under this **policy**, please call: +44 (0)845 213 8898

Name of policyholder:

Period of insurance: From: To:

Policy number:

Registration number or chassis number of **vehicle**:

Named insured persons

All drivers must have a valid licence to drive a vehicle and must not be disqualified for holding or obtaining such a licence.

Class of Use

Social, Domestic and Pleasure purposes and Private Hire, including the carriage of passengers for hire or reward where directly connected with a Wedding, Funeral or other specified event agreed by **us**.

Any other public hire, business use, racing, pacemaking, speed testing, rallies or trials (including the Gumball rally and Cannon Ball run), competitions, use on the Nurburgring is excluded.

I hereby certify that 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 Guernsey, the Island of Jersey and the Island of Alderney.

HISCOX INSURANCE COMPANY LTD
Authorised Insurers

Steve Langan

Steve Langan
Managing Director Hiscox UK

Registered Office: 1 Great St Helen's, London, UK, EC3A 6HX
Advice to third parties: nothing contained in this **certificate** affects **your** right as a third party to make a claim.

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Period of insurance: From: To:

Policy number:

Registration number or chassis number of **vehicle**:

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Policy number:

Registration number or chassis number of **vehicle**:

Named insured persons

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Name of policyholder:

Period of insurance: From: To:

Policy number:

Registration number or chassis number of vehicle:

Named insured persons

All drivers must have a valid licence to drive a vehicle and must not be disqualified for holding or obtaining such a licence.

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Name of policyholder:

Period of insurance: From: To:

Policy number:

Registration number or chassis number of vehicle:

Named insured persons

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Policy number:

Registration number or chassis number of **vehicle**:

Named insured persons

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Period of insurance: From: To:

Policy number:

Registration number or chassis number of **vehicle**:

Named insured persons

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CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE

Policy: 5019636/101443

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CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE(a)

(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 policy).

Policy Number	5019636/101443
1. Name of policyholder	Mr Nigel Downton
2. Date of commencement of insurance policy	07/12/2021
3. Date of expiry of insurance policy	06/12/2022
	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, the Island of Alderney (b); and
- 2 the minimum amount of cover provided by this policy is no less than £5 million (c)

Signed on behalf of Hiscox Insurance Company Ltd

Steve Langan

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.

About the insurer

Insurer	Hiscox Insurance Company Limited
Registered address	1 Great St Helens, London, EC3A 6HX United Kingdom
Company registration	Registered in England number 00070234
Status	Authorised and regulated by the Financial Services Authority