



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

(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 2008 (the Regulations), one of more copies of this certificate must be displayed at each place of business where you employ persons covered by the policy or an electronic copy of the certificate must be retained and be reasonably accessible to each employee to whom it relates).

Policy Number: **ABE22000486433727**

1. Name of policy holder: **The Cleaning Fairy of Consett Limited t/as The Cleaning Fairy of Consett Limited**
2. Date of commencement of insurance policy: **16 September 2022**
3. Date of expiry of insurance policy: **15 September 2023**

We hereby certify that subject to paragraph 2:-

1. the Policy to which this Certificate of Employers' Liability Insurance 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 (b)
2. (a) the minimum amount of cover provided by this policy is no less than £5,000,000 (c)

Signed on behalf of Accelerant Insurance Europe SA (Authorised Insurer)

Paul Wingfield  
Chief Underwriting Officer

### 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.

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Note: The information below the above line does not form part of the statutory certificate.

Name and address of Issuing Intermediary: