

CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE

Policy Number: R001895



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:	R001895
1	Name of Policyholder:	CM Programme Management Ltd
2	Date of Commencement of Insurance policy	29/08/2021
3	Date of Expiry of Insurance policy	28/08/2022
		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.

The certificate above shows that you are insured

- (i) with an authorised insurer, and
- (ii) in terms required by the Act for your liability for bodily injury or disease sustained by your employees.

The certificate (or any copy) must not be displayed unless the policy has been renewed.

Hiscox Insurance Company Ltd
Registered in England Number 70234
Registered Office 1 Great St Helen's, London EC3A 6HX
Telephone No: 020 7448 6000

SCHEDULE

Policy Number: R001895

IPSE PROFESSIONAL INDEMNITY SPECIAL AGGREGATE EXCESS WORDING SCHEDULE

This Policy Schedule must be read only in conjunction with the Master Policy Wording lodged on the Randell Dorling Limited Website (www.randelldorling.com). Refer specifically to the Wording entitled 'Randell Dorling Scheme Special Aggregate excess wording (costs inclusive) post 1st March 2005'.

Name of Insured: Current clients of Randell Dorling Ltd who have purchased an Underlying Policy for a period of 12 months from Hiscox Insurance Company Ltd between 01 April 2021 and 31 March 2022 or that incepts between 01 April 2021 and 31 March 2022.

Address of the Insured: As per Underlying Policy R001895

Period of Insurance: As per the Underlying Policy but in no event more than 12 months from the date of inception of the Underlying Policy.

Limits of Liability: £2,000,000 in the aggregate (inclusive of legal costs) no one claim or Insured to impair by more than £1,000,000 during the Period of Insurance described in the Insured's Primary Schedule and moreover providing that at the time of presenting a Professional Indemnity claim or circumstance that might give rise to a claim you have purchased insurance from Hiscox Insurance Company Ltd and via Randell Dorling Ltd between 01 April 2021 and 31 March 2022 that incepts (starts) between 01 April 2021 and 31 March 2022.

Business activities: as more fully described in the Underlying Policy.

Premium: Included in Underlying Policy.

Dated in London: 17 August 2021



Signed on behalf of Hiscox Insurance Company Ltd

PLEASE NOTE THIS POLICY STIPULATES THAT TO MAKE A CLAIM UNDER THIS POLICY THE INSURED MUST BE A CURRENT INSURED OF RANDELL DORLING AND HISCOX



Randell Dorling Limited
Boundary House
7 - 17 Jewry Street
London
EC3N 2HP
Tel: 020 7929 5454
Fax: 020 7929 4626
Email: info@randelldorling.co.uk

CERTIFICATE OF PROFESSIONAL INDEMNITY INSURANCE

Policy Number: R001895

Name of Insured: CM Programme Management Ltd

Address: Ashfield
Wrington Hill
Wrington
Bristol
BS40 5PR

Period of Insurance: From 29/08/2021 to 28/08/2022 Both days inclusive

Limit of Indemnity: £1,000,000

Self-Insured Excess: £500

Signed on behalf of Randell Dorling Limited

Authorised Signatory:

Date: 17/08/2021



Randell Dorling Limited
Boundary House
7 - 17 Jewry Street
London
EC3N 2HP
Tel: 020 7929 5454
Fax: 020 7929 4626
Email: info@randelldorling.co.uk

CERTIFICATE OF PUBLIC AND PRODUCTS LIABILITY INSURANCE

Policy Number: R001895

Name of Insured: CM Programme Management Ltd

Address: Ashfield
Wrington Hill
Wrington
Bristol
BS40 5PR

Period of Insurance: From 29/08/2021 to 28/08/2022 Both days inclusive

Limit of Indemnity: £5,000,000

Self-Insured Excess: £250

Signed on behalf of Randell Dorling Limited

Authorised Signatory:

Date: 17/08/2021