



Randell Dorling Limited
37-39 Lime Street
London
EC3M 7AY
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: 1310B High Road
Whetstone
London
London
N20 9HJ

Period of Insurance: From 29/08/2015 to 28/08/2016 Both days inclusive

Limit of Indemnity: £1,000,000

Self-Insured Excess: £500

Signed on behalf of Randell Dorling Limited

Authorised Signatory:

Date: 16/08/2015



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CERTIFICATE OF PUBLIC AND PRODUCTS LIABILITY INSURANCE

Policy Number: R001895

Name of Insured: CM Programme Management Ltd

Address: 1310B High Road
Whetstone
London
London
N20 9HJ

Period of Insurance: From 29/08/2015 to 28/08/2016 Both days inclusive

Limit of Indemnity: £5,000,000

Self-Insured Excess: £250

Signed on behalf of Randell Dorling Limited

Authorised Signatory:

Date: 16/08/2015

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	29/08/2015
3	Date of Expiry of Insurance policy	28/08/2016
		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