



**Certificate of employers liability insurance**  
COAST MEDIC AMBULANCE SERVICE LTD

**Certificate of employers' liability insurance (a)**

(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 1998 and subsequently amended by regulation 2 of the Employers' Liability (Compulsory Insurance) Regulations 2008 (the **regulations**), one or more copies of this certificate must be displayed at each place of business at which the policyholder employs persons covered by the policy. This requirement will be satisfied if the certificate is made available in electronic form and each relevant employee to whom it relates has reasonable access to it in that form).

<b>Policy number</b>	PL-PSC10003185216/00
<b>Name of policyholder</b>	COAST MEDIC AMBULANCE SERVICE LTD
<b>1. Date of commencement of insurance policy</b>	13/12/2022
<b>2. Date of expiry of insurance policy</b>	12/12/2023 Both days inclusive
<b>Insurer:</b>	Hiscox Insurance Company Limited

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 the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers

**Jon Dye**  
CEO, Hiscox UK

**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 22 Bishopsgate, London EC2N 4BQ  
Telephone No: 020 7448 6000