



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

(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 1998, 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)

Policy Number **24414511 CHC**

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Name of Policyholder **SOUTH LEVERTON PARISH COUNCIL**

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Date of Commencement of Insurance **21st November 2016**

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Date of Expiry of Insurance **20th November 2017**

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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 and the Island of Alderney, or to offshore installations in territorial waters around Great Britain and its Continental Shelf (b)
  2. the minimum amount of cover provided by this Policy is no less than £5 million (c)
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Signed on behalf of  
Aviva Insurance Limited  
(Authorised Insurers)

A handwritten signature in black ink, appearing to read "Maurice Tulloch", written over a horizontal line.

Authorised Signatory  
Maurice Tulloch  
Chief executive officer, Aviva UK & Ireland General Insurance

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#### 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.

**It is recommended that you retain a copy of each Employers' Liability certificate issued to you**