



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

(Where required by regulation 5 of the Employer's 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 Policyholder employs persons covered by this policy)

**Policy No.** B19033021821050

1. **Name of Policyholder:-** Rose System Scaffolding Limited
2. **Date of commencement of insurance:-** 20th July 2018
3. **Date of expiry of insurance:-** 19th July 2019

**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 any waters outside the United Kingdom to which the Employers' Liability (Compulsory Insurance) Act 1969 or any amending primary legislation applies **(b)**; and
2. **(a)** The minimum amount of cover provided by this policy is no less than £5 million **(c)**.

Signed for  
**ASPEN INSURANCE UK LIMITED**

C.O'Kane  
Chief Executive 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 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 restriction 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.

*Note: The information outside the above box does not form part of the statutory certificate. Aspen Insurance UK Limited requires the following information to be inserted by the issuing intermediary:*

*Name and address of issuing intermediary:* Miles Smith Limited  
One America Square 17 Crosswall  
London EC3N 2LB

*Issuing intermediary's reference:* B190330218  
(If different from the Policy No. stated above)

**You must retain a copy of each certificate for a period of 40 years beginning on the date on which the insurance to which this relates commences or is renewed.**