

CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE

Policy: 9498830

HISCOX

CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE(a)

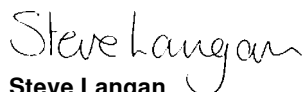
(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 1998 and subsequently amended by regulation 2 of the Employers' Liability (Compulsory Insurance) Regulations 2008 (the regulations), one or more copies of this certificate must be displayed at each place of 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).

Policy Number	5019636
1. Name of policyholder	T/As Dreams Of Chocolate & Candy Buffet In A Box
2. Date of commencement of insurance policy	20/11/2018
3. Date of expiry of insurance policy	19/11/2019
	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
Managing Director, Hiscox UK and Ireland

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 NoL 020 7448 6000

CONFIRMATION OF PUBLIC LIABILITY COVER
Policy: 9498830

HISCOX

CONFIRMATION OF PUBLIC LIABILITY COVER

Name: Matthew Andrews T/As Dreams Of Chocolate
Description of Business: Prop Hire/ Fountains/ Candy Carts
Insurer: Hiscox
Policy Number: 9498830
Start Date: 20/11/2018
Expiry Date: 19/11/2019

We hereby confirm that that above named client has Public Liability cover with an indemnity limit of £5,000,000.

Cover includes claims against the above named policy holder for the following:

Claims against you If, as a result of **your business**, any party brings a claim against you for **bodily injury** to any person or **property damage** occurring during the **period of insurance**, **we** will indemnify **you** against the sums **you** have to pay as compensation. **We** will also pay **defence costs** but **we** will not pay costs for any part of a claim not covered by this section.

Claims against principals If, as a result of your business, any party brings a claim, which falls within the scope of What is covered, Claims against you, against a customer of your business for whom you are providing services under contract or agreement and you are liable for that claim, we will treat such claim as if made against you and make the same payment to such customer that we would have made to you, provided that the party to be indemnified:

- a. has not, in **our** reasonable opinion, caused or contributed to the claim against them;
- b. accepts that **we** can control the claims defence and settlement in accordance with the terms of this section;
- c. has not admitted liability or prejudiced the defence of the claim before **we** are notified of it;
- d. gives **us** the information and co-operation **we** reasonably require for dealing with the claim.

Cross liabilities If more than one insured is named in the **schedule**, **we** will deal with any claim as though a separate policy had been issued to each of them provided that our liability in the aggregate shall not exceed the limit of indemnity shown in the **schedule**.

Claims against principals If any governmental, administrative or regulatory body brings any criminal action against **you** during the **period of insurance** for any breach of statute or regulation directly relating to any actual or potential claim under this section, **we** will pay the costs incurred with **our** prior written consent to defend such an action against you.

Signed:

Steve Langan

Dated: 19/11/2018

Clients of the contractor should note that the information in this document is valid only on the day of signature. They should telephone us to check any subsequent amendments. The policy is subject to Insurers normal terms and conditions.