


CONFIRMATION OF INSURANCE

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| CONTRACTOR | Michael J Lonsdale Ltd and/or Michael Lonsdale Ltd and/or Michael J Lonsdale (Electrical) Ltd and/or E7 Building Services Ltd. | | |
| BUSINESS DESCRIPTION | Building Services Contractors, Engineers and Property Owners. | | |
| (A) AS REQUIRED UNDER THE EMPLOYERS' LIABILITY (COMPULSORY INSURANCE) ACT 1969 | CONTRACTORS' LIABILITY | | |
| INSURER / POL. NO. / RNL. DATE | Brit Syndicate 2987 Aspen Insurance UK Limited QBE Insurance (Europe) Ltd | B1903101201015 B1903147201072 B1903174200233 B1903174200234 B1903147201073 | 01 st October 2021 |
| (1) | <u>EMPLOYERS' LIABILITY INCLUDING HEALTH & SAFETY AT WORK ETC. ACT 1974 – LEGAL COSTS</u> | | |
| | INDEMNITY | : ANY ONE ACCIDENT | GBP 20,000,000 |
| (2) | <u>PUBLIC LIABILITY</u> | | |
| | INDEMNITY | : ANY ONE ACCIDENT | GBP 30,000,000 |
| | EXCESS | : PROPERTY DAMAGE/BODILY INJURY | GBP 2,500 * |
| | * Each and Every Claim including Costs and Expenses | | |
| (3) | <u>PRODUCTS LIABILITY</u> | | |
| | INDEMNITY | : ANY ONE ACCIDENT & IN ALL | GBP 30,000,000 |
| | EXCESS | : PROPERTY DAMAGE/BODILY INJURY | GBP 2,500 * |
| | * Each and Every Claim including Costs and Expenses | | |
| (C) | CONTRACTORS' ALL RISKS | | |
| INSURER / POL. NO. / RNL. DATE | Aspen Insurance UK Ltd | B1903 20060797 | 1 st October 2021 |
| | INDEMNITY | : ANY ONE CONTRACT | GBP 10,000,000 |
| | EXCESS | : EACH AND EVERY LOSS | GBP 2,500* |
| *Increased to GBP5,000 in respect of claims for Theft and/or Malicious Damage | | | |
| <p>NOTES TO PRINCIPAL</p> <ol style="list-style-type: none"> All Policies in force up to stated Renewal Dates. General Principals' Clause &/or equivalent included Subject to Policy Terms, Conditions & Exceptions. The above is correct at the date of signing. Alterations/Cancellation may occur during the period. Current position will be confirmed on request. <p>Specialist Risk, ONE AMERICA SQUARE, 17 CROSSWALL, LONDON, EC3N 2LB TELEPHONE: 020-7977-4800</p> | | <p>NOTE Blackheath2018 TO CONTRACTOR This document is sufficient evidence to your Principal of the existence of the above Insurance Arrangements. Do not part with your original Policies. Please retain this original Form and Send photostats to any Principal</p> <p style="text-align: center;">SIGNED: </p> <p style="text-align: center;">DATED: 01 October 2020</p> | |