

CONFIRMATION OF INSURANCE

CONTRACTOR	PRIOR GROUP HOLDINGS LIMITED &/OR PRIORCLAVE LIMITED
BUSINESS DESCRIPTION	ELECTRONIC EQUIPMENT MANUFACTURE

(A)

CONTRACTORS' LIABILITY

AS REQUIRED UNDER THE EMPLOYERS' LIABILITY (COMPULSORY INSURANCE) ACT 1969

INSURER / POL. NO. / RNL. DATE	AMLIN INSURANCE	B1903230040039	1 JUNE 2015
(1)	<u>EMPLOYERS' LIABILITY INCLUDING HEALTH & SAFETY AT WORK ETC. ACT 1974 – LEGAL COSTS</u>		
	INDEMNITY	: ANY ONE ACCIDENT	GBP 10,000,000
(2)	<u>PUBLIC LIABILITY</u>		
	INDEMNITY	: ANY ONE ACCIDENT	GBP 5,000,000
	EXCESS	: PROPERTY DAMAGE/BODILY INJURY	GBP 350 *
	* Each and Every Claim including Costs and Expenses		
(3)	<u>PRODUCTS LIABILITY</u>		
	INDEMNITY	: ANY ONE ACCIDENT & IN ALL	GBP 5,000,000
	EXCESS	: PROPERTY DAMAGE/BODILY INJURY	GBP 350 *
	* Each and Every Claim including Costs and Expenses		

(B)

PROFESSIONAL INDEMNITY

INSURER / POL. NO. / RNL. DATE			NOT INSURED
	INDEMNITY	: ANY ONE CLAIM & IN ALL	GBP
	EXCESS	: EACH AND EVERY CLAIM	GBP

(C)

CONTRACTORS' ALL RISKS

INSURER / POL. NO. / RNL. DATE			NOT INSURED
	INDEMNITY	: ANY ONE CONTRACT	GBP
	EXCESS	: EACH AND EVERY LOSS	GBP

NOTES TO PRINCIPAL

1. All Policies in force up to stated Renewal Dates.
2. General Principals' Clause &/or equivalent included
3. Subject to Policy Terms, Conditions & Exceptions.
4. The above is correct at the date of signing.
5. Alterations/Cancellation may occur during the period.
6. Current position will be confirmed on request.

 MILES SMITH, ONE AMERICA SQUARE, 17 CROSSWALL,
 LONDON, EC3N 2LB
 TELEPHONE: 020-7977-4800

NOTE 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

