

EXCESS OF LOSS PUBLIC/PRODUCTS LIABILITY INSURANCE CERTIFICATE

Policy Number: CS/EXOL/SS10996861

Insured: Darwen Electrical Services Limited

Business Address Enterprise House, Capricorn Park, Blakewater Road, Blackburn, Lancashire, BB1 5QR

Insured's Business Electricians

Additional Trade Information: Installation maintenance sale or supply of electrical security or fire detection suppression or extinguishing equipment and sub-contracted mechanical services and sub-contracted building service

Limit of Indemnity Hereunder:

Public Liability: £5,000,000 any one occurrence or series of occurrences arising from one originating cause and in all in the Period of Insurance as per the Total Primary and Underlying Excess Limits

Products Liability: £5,000,000 in all in the Period of Insurance

Total Primary and Underlying Excess Limits:

Public Liability: £5,000,000 any one occurrence or series of occurrences arising from one originating cause and in all in the Period of Insurance as per the Total Primary and Underlying Excess Limits

Products Liability: £5,000,000 in all in the Period of Insurance

Primary Insurer: Markel

Policy Number: 76068519

Primary Policy:

Underlying Excess Policy(ies):

Period of Insurance: 22 March 2024 to 21 March 2025 (both dates inclusive)

Adjustment Date 22 March 2024

Renewal Date 22 March 2025

Insurer: Convex Insurance UK Limited

Policy Wording: CNVXXLv1

UMR: CNVX2022CASAX175H

Excess: As stated in the policy wording and/or conditions

Premium: £877.50

Insurance Premium Tax £105.30

Underwriting Fees £25.00

Total amount due £1,007.80

Signed: *PWingfield*

Chapman & Stacey

Underwriting Agency

STATEMENT OF FACT

IMPORTANT NOTICE: Please check this schedule and accompanying Statement of Fact very carefully.

This policy the Schedule (including any Schedule issued in substitution) and any endorsement shall be considered one document. The Proposal including the declaration or any information supplied by or on behalf of the Insured shall form the basis of this contract between the Insured and the Insurer. This is to certify that in accordance with the authorisation granted to the undersigned by the Insurer and in consideration of the premium specified herein the said Insurer are hereby bound to insure in accordance with the terms limits of indemnity exclusions and conditions herein or endorsed hereon. Provided always that any Section of this policy stated to be not covered in the Schedule shall be inoperative.

Financial Details

Business turnover (next 12 months):

£3,534,000

Is any of your turnover derived from overseas?

No

Business Details

Is the client involved in Heat work away from own premises?

Yes

Please provide percentage amount of Heat Work undertaken

5%

Does the Primary policy have Heat Work conditions imposed (to include welding conditions) if appropriate?

Yes

Is the client involved in Height work greater than 30m and/or Depth work lower than 4m?

No

STATEMENT OF FACT

Claims Information

No more than 3 PL claims in last 5 years or any claim of more than 50% of the primary limit

Yes

The Premises

Do you or any of your employees handle, transport or work with any of the following: Radioactive substances or devices, explosives, asbestos, silica, toxic or hazardous chemicals, materials giving rise to dust or fumes, lifts, cranes, Hoists, slings, cradles or processes involving a noise level in excess of 85db

No

Do you or any of your employees work on, manufacture or sell products used in aircraft, spacecraft, marine craft, offshore, in nuclear installations, in safety critical parts, motor vehicles or railways

No

Additional Information

Disclosure

This product meets the demands and needs of those Business proprietors who wish to have cover in place to protect their assets and earnings. Your Schedule and Statement of Fact shows the cover you have selected. The choices you have made will depend on your personal circumstances. You should check your Schedule and Statement of Fact carefully to ensure you have the required cover.

This statement does not form part of the terms and conditions of your policy.

This Statement of Fact forms part of your insurance contract. It is a record of answers specifically provided to ourselves, and also of some Your Schedule and Statement of Fact shows the cover you have selected. The choices you have made will depend on your personal circumstances. The information recorded in this document has been material to our assessment of :

1) your eligibility for this policy; 2) the terms and conditions applying to your policy; 3) your insurance premium.

Please check this form immediately. If any of the information is incorrect please call your broker on their usual number - failure to do so could invalidate the policy from inception or result in a claim being repudiated.

Endorsements