



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

*(Where required by regulation 5 of the Employers' 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 policy holder employs persons covered by the policy)*

Policy No: 27538G18  
AIM Reference: AIM100066

1. Name of policy holder: Ecton Mine Educational Trust (EMET) T/A Ecton Mine Educational Trust (Emet)
2. Date of commencement of insurance policy: 01/01/2019
3. Date of expiry of insurance policy: 31/12/2019

### We hereby certify that:-

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 to which the Employers' Liability (Compulsory Insurance) Act 1969 or any amending primary legislation applies<sup>(b)</sup>; and
2. the minimum amount of cover provided by this policy is no less than £5,000,000

Signed on behalf of those Lloyd's Underwriters subscribing to the above policy (Authorised Insurers)  
Lloyd's Syndicate 2001 managed by MS Amlin Underwriting Limited

**Mark Clements** - Regional Director P&C, Lloyd's, MS Amlin Underwriting Ltd.

Signature

- (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.

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*Note: The information below this line does not form part of the statutory certificate. Those Underwriters at Lloyd's on whose behalf this certificate is issued require the following information to be entered by the issuing intermediary:*

*Name and address of issuing intermediary:*

*Issuing intermediary's reference:  
(if different from the Policy Number stated above)*