



# Certificate of Employers' Liability Insurance(a)

(The requirements for the display of the certificate 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 No: **II1172/01721888/2025/004**

UMR : **B6022PK25RP198E5X**

1. Name of policy holder: **KGK Scaffolding Ltd**
2. Date of commencement of insurance policy: **12th January 2025**
3. Date of expiry of insurance policy: **11th January 2026**

## 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 and the Island of Alderney, or to off shore installations in any waters outside the United Kingdom to which the Employers' Liability (Compulsory Insurance) Act 1969 or any amending primary legislation applies (b); and

2. (a) the minimum amount of cover provided by this policy is £5,000,000.00 (c); or

(b) ~~the cover provided under this policy relates to claims in excess of GBP~~

but not exceeding GBP

Signed for and on behalf of Lloyd's Underwriters subscribing to the above policy (Authorised Insurers)

.....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.
- (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.

*Note: The information below this line does not form part of the statutory certificate. ASCOT on whose behalf this certificate is issued require the following information to be entered by the issuing intermediary. Name and address of issuing intermediary: -*

Name and address of issuing intermediary: **Incorporated Insurance Group Limited  
Anglo House  
43-45 Butts Green Road  
Hornchurch  
Essex  
RM11 2JS**

Authorised Insurers: Ascot Underwriting Limited  
20 Fenchurch Street, London, EC3M 3BY  
Issuing intermediary's reference: B6022PK25RP198E5X

(if different from the Policy Number stated above)

**NMA2838 (28/01/1999)**