

MINORIES PARTNERSHIP

1, St. Mark Street, London E1 8DA

COMMERCIAL INSURANCE BROKERS

Telephone: 020 7264 1946 e-mail: insure@minpar.com

CERTIFICATE OF INSURANCE

The following is a summary of insurances prepared for Principals and others for whom our client is undertaking work.

This is a summary of the Policies for quick and easy reference. If more detailed information is required please consult Minorities Partnership.

The Insured: Capital Sound Hire Limited

Address: Abacus House
60 Weir Road
London SW19 8UG

The Business: Hire and operation of sound and ancillary equipment


Period: 12 months at 31 May 2015

Employers Liability Insurance

The Insurers: Faraday Insurance Company Limited
Policy No: BL15/CC003701
Limit of Indemnity: £10,000,000 any one claimant
Territorial Limits: Worldwide excluding USA/Canada

Public/Products Liability Insurance

The Insurers: Faraday Insurance Company Limited
Policy No: BL15/CC003701
Limit of Liability: Public Liability
£5,000,000 any one occurrence, unlimited in the aggregate during the period of insurance
Products Liability
£5,000,000 any one occurrence and in all during the period of insurance
Territorial Limits: Worldwide excluding USA/Canada
Extensions: Indemnity to Principals
Cross Liabilities
Health & Safety at Work Act 1974


Effected by Minories Partnership
Date 20 May 2015

All Risks Equipment Insurance


The Insurers: Lloyd's Underwriters
Argosy Underwriting Limited

Policy No: AU00595

Interest: Stock of professional audio and ancillary equipment

Limits: £2,500,000 at own premises
£1,200,000 at third party premises/venue
£750,000 any one load in transit
£200,000 hired in equipment

Territorial Limits: Worldwide excluding USA/Canada



Effected by **Minories Partnership**
Date **20 May 2015**

FARADAY



Certificate of Employers' Liability Insurance^(a)

(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)

Insurance Policy No: BL15/CC003701

1. Name of policy holder: CAPITAL SOUND HIRE LIMITED
&/or CAPITAL SOUND DESIGN LIMITED
2. Date of commencement of insurance policy: 31/05/2015
3. Date of expiry of insurance policy: 30/05/2016

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 offshore 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 no less than £5,000,000^(c).

Signed on behalf of those Lloyd's Underwriters subscribing to the above insurance (Authorised Insurers)

Paul Ceurvorst
Chief Executive Officer
Faraday Underwriting Limited
For and behalf of Syndicate 435 at Lloyd's

Notes:

- (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. (Paragraph 2(b) does not apply and is deleted.)

Note: The information below this line does not form part of the statutory certificate. Syndicate 435 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)

