



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 policyholder employs persons covered by the policy)

	Policy Number	COV/21617146/1759
1) Name of Policyholder		Chelmscare Ltd
2) Date of commencement of insurance		14/06/2025
3) Date of expiry of insurance		13/06/2026

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 **(b)**; and
2. the minimum amount of cover provided by this policy is no less than £5 million **(c)**

Signed on behalf of Covea Insurance plc (Authorised Insurer)

A handwritten signature in black ink, appearing to read "A. Funnell".

Chief Executive Officer

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 except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- (b) Specifically 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.