



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)

Policy No: _____

- | | |
|--|------------------------|
| 1. Name of policy holder: | Drivers4U Southern Ltd |
| 2. Date of commencement of insurance policy: | 17-Oct-2015 |
| 3. Date of expiry of insurance policy: | 16-Oct-2016 |

We hereby certify that:-

- 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^(b); and
- 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)
MIT Syndicate 3210

Signature

- 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.
- Specify applicable law as provided for in regulation 4(6) of the Regulations.

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: R15M6554
(if different from the Policy Number stated above)*



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: | |

1. Name of policyholder: Drivers 4 U Southern Ltd - *TRANSPORT.*
2. Date of commencement of insurance policy: 17 October 2015
3. Date of expiry of insurance policy: 16 October 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 GBP 5,000,000^(c); or
(b) ~~the cover provided under this policy relates to claims in excess of GBP~~
~~but not exceeding GBP~~

Signed on behalf of those 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. 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:

Bluefin Insurance Services Ltd
14 Kings Court
Newmarket
Suffolk
CB8 7SG

Authorised Insurers: DTW 1991 Underwriting Ltd. on behalf of Syndicate DTW1991 at Lloyd's
Issuing intermediary's reference: B6991SCO2014S01
(if different from the Policy Number stated above)