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Employers' Liability (Compulsory Insurance) Act 1969

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 number	SCO119736/4179710
Name of policy holder	Staplegrave Parish Council & Staplegrave Childrens Playground and Trust Fund
Date of commencement of insurance policy	1st June 2020
Date of expiry of insurance policy	31st May 2021

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 (a) the minimum amount of cover provided by this policy is no less than £5 million **(c)**

Signed on behalf of Ecclesiastical Insurance Office plc (Authorised Insurer)

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.

IMPORTANT NOTICE

Under the terms of the Employers' Liability (Compulsory Insurance) Regulations 2008 the requirement to display a certificate will be satisfied if it is made available in electronic form and each relevant employee to whom it relates has reasonable access to it in that form.