Ups Club Squash Section Insurance Public & Products Liability underwritten by Hiscox

Hiscox 1 Great St Helen's London EC3A 6HX



CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE

(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

S17L6670

1). Name of policyholder

The committee for the time being of The Ups Club Squash Section

2) Date of commencement of insurance policy 3) Date of expiry of insurance policy

6th October 2017 5th October 2018 Both days inclusive

We hereby certify that subject to paragraph 2:

- 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, the Island of Alderney (b);
- 2. the minimum amount of cover provided by this policy is no less than £5 million (c).

Signed on behalf of Hiscox Insurance Company Ltd



Notes

- (a) Where the employer is a company to which regulation 3(2) of the regulations applies, the cortificate 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
- (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.

About the insurer

Insurer
Registered address
Company registration

Hiscox Insurance Company Limited

d address 1 Great St Helens, London, EC3A 6HX United Kingdom

empany registration Registered in England number 00070234

Hiscox Insurance Company Ltd is authorised by the Prudential Regulation Authority and

regulated by the Financial Conduct Authority and Prudential Regulation Authority

Ups Club Squash Section Insurance Personal Accident Cover with CHUBB

1 613	sonal Injury In	surance – Policy Schedule	CHUBB
Policy Number	UKBOPC42386 /	\$17L6701	
Intermediary	Perkins Slade		
The Group Policyholder	The Committee fo	r the time being of the The Ups Club Squash Section	
Registered Address:	The Ups Club Squar	sh Section	
Business	Squash,		
Period of Insurance:	(a) From	6th October 2017 To: 5th October 2018 (both days inclusive)	
	.,	equent period for which ACE shall accept a renewal premium	
Renewal Date:	6th October 2018		
Total number of members	(b) Any subs	requent period for which ACE shall accept a renewal premium	
Annual premium: £14	4.11 Insurai Premiu		
Administration fee: £30	1.00	Final Total £191.40 Due:	
Insured Persons A Effective Time	While an Insured Policyholder, or the For activities with	per of the Group Policyholder aged 3 years or over but under 80 Year Person is participating in any activity recognised by the Group he Association to which they are affiliated anywhere in the world; and in the Unitled Kingdom, isle of Man, The Channel Islands or the Repu ng thereto and therefrom	polic
BENEFIT DESC	RIPTION	BENEFIT AMOUNT	s and o
Accidental Bodily Injury resulting in			n respe
Death		£10,000	page:
Permanent Total Disablement		£50,000	ersons
Permanent Disabling Injuries		£50,000	be redi
			≦ 등 9
Temporary Total Disablement		Not Insured	t of
Temporary Total Disablement	Benefit Period Deferment Period	Not Insured	% in respect of unit payable sit.
Broken Bones: **			I by 50%, in respect of m amount payable site and a sist traveling in any or
Broken Bones: ** Broken Arms/Wrists		£100	deduced by 50% in respect of avainant amount payable she are sufficient to a sufficient and or or swhist traveling in any or 2017
Broken Bones: ** Broken Arms/Wrists Broken Leg	Deferment Period	£100 £200	ill be reduced by 50% in respect of 3 the maximum amount payable sh de Persons whist traveling in any or Achber 2017
Broken Bones: ** Broken Arms/Wrists Broken Leg Max		£100	unt shall be reduced by 50% in respect of unit shall be reduced by 50% in respect of unit and the maximum amount payable shalloy. Thousand Persons whitel traveling in any or in the contact 2017
Broken Bones: ** Broken Arms/Wrists Broken Leg Max Dental Injury	Deferment Period	£100 £200 £500	Amount shall be reduced by 50% in respect of ord in Amount shall be reduced by 50% in respect of over ord the hard the maximum amount payable shalling. The the fractional persons whitel traveling in any or overall its Occident 2017
Broken Bones: ** Broken Arms/Wrists Broken Leg Max	Deferment Period	£100 £200 £500 £500	Benefit Amount shall be recluded by 50% in respect of benefit Amount shall be recluded by 50% in respect of 50 miles) of Labality. Event for the fractured Persons whitst traveling in any or Event overall. 18 October 2017
Broken Bones: ** Broken Arms/Wrists Broken Leg Max Dental Injury Hospital Confinement	Deferment Period	£100 £200 £500 £500	The Benefit Amount shall be reduced by 50% in respect of insured Persons aged 70 years and over years or over years and y