



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 person covered by the policy)

1. Policy Number PW01254001
2. Name of policy holder The K9 To 5 Club Limited
3. Date of commencement of the insurance policy 12.01 GMT on 05/02/14
4. Date of expiry of insurance policy 12.01 GMT on 05/02/15

We hereby certify that subject to paragraph 2:-

1. The policy to which this certificate related 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 Royal & Sun Alliance Insurance plc and other insurers as defined in the Policy (Authorised Insurers)

A handwritten signature in black ink, appearing to read 'A.P. Brown', is written over a horizontal line.

AP Brown
UK Chief Executive,
Royal & Sun Alliance Insurance plc

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.

THIS IS YOUR CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE.

A copy of the certificate must be displayed at all places where you employ persons covered by the policy. THE EMPLOYERS' LIABILITY (COMPULSORY INSURANCE) (AMENDMENT) REGULATIONS 2008 permits the display of this certificate in an electronic form, provided persons covered by this policy have reasonable access to it.

The employer is strongly encouraged to retain all records related to this insurance.

Name and address of issuing intermediary:

Brooks Braithwaite (Sussex) Ltd, 4 Bridge Road Business Park, Bridge Road, Haywards Heath, West Sussex, RH16 1TX.
Telephone number: 01444 412118. Email address: enquiries@brooksbraithwaite.com

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