

# 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.)

1. Policy number	47/SZ/14022037/03
2. Name of policyholder	CUCKFIELD CC
3. Date of commencement of insurance policy	01/03/2013
4. Date of expiry of insurance policy	01/03/2014

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)**;  
~~**(b)** the cover provided under this policy relates to claims in excess of £ ——— but not exceeding £~~

Signed on behalf of **Allianz Insurance plc**  
Authorised Insurers



Andrew Torrance  
Chief Executive

## 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 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.

## ExtraCover Insurance for Cricket Clubs

### RENEWAL Schedule

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#### Policyholder Name and Address

CUCKFIELD CC  
Mr P Collins  
44 Springfield Road  
HORSHAM  
West Sussex  
RH12 2PD

Please note that the premium, terms and conditions of your policy have been based on the details you have given us. If there have been any alterations to those details it is important that you tell us about them so that your cover remains operative. If you have any doubts about what you should tell us, please contact your insurance adviser.

**Policy Number:** 47/SZ/14022037/03

**Certificate Number:** SUSS0052/914

**Account Number:** 47/34340

**Agent:** MARSHALL WOOLDRIDGE LTD

**The Insured:** CUCKFIELD CC

**Contact:** Mr P Collins

**Renewal Premium:** £4,255.00

**Effective Date:** 01/03/2013

**Renewal Date:** 01/03/2014

#### Business Description:

**The Premises:** The Pavilion, Cuckfield Park, South Street, Cuckfield, RH17 5AB

**The Insured:** CUCKFIELD CC

**Certificate Number:** SUSS0052/914

**The following covers are Insured:**

Personal Accident - Standard Cover		
Temporary Total Disablement Weekly Benefit		£10
Public Liability £10M & Employers Liability £10M		
All Risks - Bags, Cups & Trophies		£1,000
All Risks - Non Turf Pitches, Netting & Poles		£20,000
All Risks - Cricket Square	2	£2,000
Buildings - Category 1		£735,000
Ground Machinery		£55,895

**The Policy limits are shown overleaf**