

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 Assured employs persons covered by the policy)

UMR: B1262BW0447525
Policy Number: CV/CO164368635
Assured Name: Access Inspection Maintenance Ltd
Date of commencement of Insurance: 21st December 2025
Date of expiry of Insurance: 26th April 2027

We 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 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 £5,000,000^c.

Signed for and on behalf of Convex Insurance UK Limited (Authorised Insurer)

A handwritten signature in black ink, appearing to read "J. Meakins".

Signature
Jim Meakins
Head of UK & Ireland Casualty
Convex Insurance UK Limited

^a Where the employer is a company to which regulation 3(2) of the Regulation 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 and 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) in 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.