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 this policy).

Policy No.	B1230LC34842A25
1. Name of Policyholder:-	Noel Fitzpatrick Ltd
2. Date of commencement of insurance:-	01 December 2025
3. Date of expiry of insurance:-	30 November 2026

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, or to offshore installations in any waters outside the United Kingdom to which the Employers' Liability (Compulsory Insurance) Act 1969 or any amending primary legislations applies **(b)**; and

2. (a) The minimum amount of cover provided by this policy is no less than GBP 5 million **(c)**;

Signed for
ASPEN INSURANCE UK LIMITED

Dan Osman
Chief Underwriting Officer
Aspen Insurance UK Limited

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 of its subsidiaries except any 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 restriction 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.

Note: The information outside the above box does not form part of the statutory certificate. Aspen Insurance UK Limited requires the following information to be inserted by the issuing intermediary:

Name and address of issuing intermediary:
AmWINS Global Risks Ltd
22 Bishopsgate, London, EC2N 4BQ

Issuing intermediary's reference:
(If different from the Policy No. stated above)

It is recommended that you retain a copy of each certificate for a period of 40 years beginning on the date on which the insurance to which this relates commences or is renewed.

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.