



Certificate of Employers' Liability Insurance (a)

(The requirements for the display of the certificate will be satisfied if the certificate is made available in electronic form and each relevant employee to whom it relates has reasonable access to it in that form)

Policy No: ACT00101
UMR: B6022PK22RP906B2X

1. Name of policy holder: Intrepidus Outdoors Ltd &/or My Adventure Ltd
2. Date of commencement of insurance policy: 00.00hrs on: 07/07/2022
3. Date of expiry of insurance policy: 23.59hrs on: 06/07/2023

We hereby certify that subjecto 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 legislation applies(b); and
2. (a) the minimum amount of cover provided by this policy is no less than GBP 5,000,000 (c);

Signed on behalf of those Lloyd's Underwriters subscribing to the above policy (Authorised Insurers)

..... Signature

- 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.

Note: The information below this line does not form part of the statutory certificate. Those Underwriters at Lloyd's on whose behalf this certificate is issued require the following information to be entered by the issuing intermediary:

Name and address of issuing intermediary: Clear Insurance Management Limited, 1 Great Tower Street, London, EC3R 5AA

Authorised Insurers: Ascot Underwriting Limited
20 Fenchurch Street, London, EC3M 3BY
Issuing intermediary's reference: B6022PK21RP906L1X
(if different from the Policy Number stated above)

NMA2839 (28/01/1999)