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 persons covered by the policy)

1.	**Name of policy holder**	Active8 After School Clubs LTD
2.	**Policy Number**	CBI01019104
3.	**Date of commencement of insurance policy**	26th May 2026
4.	**Date of expiry of insurance policy**	25th May 2027
5.	**Master Policy Reference Number**	Y149201QBE0124A

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, Isle of Man, Island of Jersey, Island of Guernsey, Island of Alderney; or any offshore installations in territorial waters around Great Britain and its Continental Shelf **(b)**: and;
2. (a) The minimum amount of cover provided by this policy is no less than £5 million **(c)**;
3. The policy covers the holding company and all its named subsidiaries.

Signed on behalf of QBE UK Limited (Authorised Insurer)

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.

Important

Display 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.