

Certificate of Employers' Liability Insurance^(a)

(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 1999 (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)

Policy No: NP1500011127

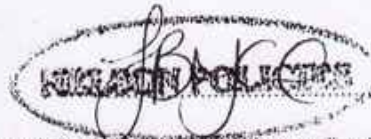
Name of policyholder: **STETFIELD SEPARATORS LTD**

1. Date of commencement of insurance policy: **00:01 Hrs on 01ST DECEMBER 2012**
2. Date of expiry of insurance policy: **24:00 Hrs on 30TH NOVEMBER 2013**

We hereby certify that subject to paragraph 2:-

- a) 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
- b) 1) the minimum amount of cover provided by this policy is no less than £5,000,000^(c); or
2) the cover provided under this policy relates to claims in excess of £
but not exceeding £

Signed on behalf of Faraday Reinsurance Co.Ltd (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. Faraday on whose behalf this certificate is issued require the following information to be entered by the issuing intermediary:

Name and address of issuing intermediary:

NILEFERN LTD T/AS NELSON POLICIES
NELSON HOUSE
35 STATION STREET
SITTINGBOURNE
KENT
ME10 3DU

FSA REGISTRATION NUMBER 305456

*Issuing intermediary's reference:
(if different from the Policy Number stated above)*