



1st April 2019

Dear Sirs

Confirmation of insurance - Waste Management Facilities Ltd

As requested by the above client, we are writing to confirm that we act as Insurance Brokers to the client and that we have arranged insurance(s) on its behalf as detailed below:

Employers Liability

Insurer:	Royal & Sun Alliance Insurance Plc
Policy number:	RSAP2699410300
Cover period:	7 th April 2019 to 6 th April 2020
Indemnity limit:	£10,000,000 any one occurrence

Public Liability

Insurer:	Royal & Sun Alliance Insurance Plc
Policy number:	RSAP2699410300
Cover period:	7 th April 2019 to 6 th April 2020
Indemnity limit:	£5,000,000 any one occurrence

Property/All risks

Insurer	
Policy no	
Type of policy	Property/All risks
Sum insured	
Policy period	

Important information

All policies are subject to terms and conditions as specified in the policy wording and other associated documents.

We have placed the insurance which is the subject of this letter after consultation with the client and based upon the client's instructions only. Terms of coverage, including limits and excess are based upon information provided to us by insurers.

This letter is issued as a matter of information only and confers no right upon a third party other than those provided by the policy. This letter does not amend, extend or alter the coverage afforded by the policies described herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this letter may be issued or pertain, the insurance afforded by the policy (policies) described herein is subject to all terms, conditions, limitations, exclusions and cancellation provisions and may also be subject to warranties. Limits shown may have been reduced by paid claims.

We express no view and assume no liability with respect to the solvency or future ability to pay of any of the insurance companies which have issued the insurance(s).

We assume no obligation to advise any third party of any developments regarding the insurance(s) subsequent to the date hereof. This letter is given on the condition that you forever waive any liability against us based upon the placement of the insurance(s) and/or the statements made in this letter (to the extent such waiver is legally permitted).

This letter may not be reproduced by you or used for any other purpose without our prior written consent. This letter shall be governed by and shall be construed in accordance with English law.

Ground Floor

North Wing, 2 Charlotte Place, Southampton, SO14 0TB



Yours faithfully,

A handwritten signature in black ink, appearing to read "Andrea Owen".

Andrea Owen
Account Handler

Ground Floor

North Wing, 2 Charlotte Place, Southampton, SO14 0TB

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