

Our Ref 260925 / EDA / 0017207610

Ref P18A260925P

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TO WHOM IT MAY CONCERN
VERIFICATION OF PROFESSIONAL INDEMNITY INSURANCE

We, the undersigned Insurance Broker, hereby certify that the following described insurance is in force at this date:

| | |
|------------------------------|---|
| Name and address of Insured: | Chris Raison Associates Limited and/or Raison Foster Associates Limited 7 Riverford Croft Coventry CV4 7HB |
| Business: | Engineer |
| Period of Insurance: | From: 16 August 2018 To: 15 August 2019 Both Days Inclusive Local Standard Time at the address stated above |
| Limit of Indemnity: | GBP 5,000,000 any one Claim |
| Insurers: | DUAL Corporate Risks Limited on behalf of: 50% Liberty Mutual Insurance Europe Ltd 25% Lloyd's Syndicate 1861 ATL 25% XL Catlin Insurance Company (UK) Limited |
| Primary Policy No | P18A260925P |

The policy is subject to the insuring agreements, exclusions, conditions and declarations contained therein. The above is accurate at the date of signature.

This document is furnished to you as a matter of information only and is valid at today's date. The issuance of this document does not make the person or organisation to whom it is issued an additional Insured, nor does it modify in any manner the contracts of insurance between the Insured and Insurers. Any amendment, change or extension of such contracts can only be effected by specific endorsement thereto.

Should the above-mentioned contract of insurance be cancelled, assigned or changed during the above policy period in such manner as to affect this document, no obligation to inform the holder of this document is accepted by the undersigned or by Insurers.

Signed on behalf of Howden UK Group Limited

Signed: 

Dated: 2nd August 2018