

## CONFIRMATION OF INSURANCE

<b>CONTRACTOR</b>	Junction 17 Defensive Driver Training Limited		
<b>BUSINESS DESCRIPTION</b>	Coaching, training and/or education		
<b>(A)</b>	<b>CONTRACTORS' LIABILITY</b>		
AS REQUIRED UNDER THE EMPLOYERS' LIABILITY (COMPULSORY INSURANCE) ACT 1969			
<b>INSURER / POL. NO. / RNL. DATE</b>	<b>Markel</b>	<b>P56246</b>	<b>30/07/2025</b>
<b>(1)</b>	<b><u>EMPLOYERS' LIABILITY INCLUDING HEALTH &amp; SAFETY AT WORK ETC. ACT 1974 – LEGAL COSTS</u></b>		
	INDEMNITY £10,000,000 : ANY ONE ACCIDENT		
<b>(2)</b>	<b><u>PUBLIC LIABILITY</u></b>		
	INDEMNITY £5,000,000 : ANY ONE ACCIDENT		
	EXCESS £250 : PROPERTY DAMAGE		
<b>(3)</b>	<b><u>PRODUCTS LIABILITY</u></b>		
	INDEMNITY £5,000,000 : ANY ONE ACCIDENT & IN ALL		
	EXCESS £250 : PROPERTY DAMAGE		
<b>(B)</b>	<b>PROFESSIONAL INDEMNITY</b>		
<b>INSURER / POL. NO. / RNL. DATE</b>	<b>Markel</b>	<b>P56246</b>	<b>30/07/2025</b>
	INDEMNITY £1,000,000 : ANY ONE CLAIM & IN ALL		
	EXCESS £750 : EACH AND EVERY CLAIM		
<b>NOTES TO PRINCIPAL</b>	<b>NOTE TO CONTRACTOR</b>		
<ol style="list-style-type: none"> <li>1. All Policies in force up to stated Renewal Dates.</li> <li>2. General Principals' Clause &amp;/or equivalent included</li> <li>3. Subject to Policy Terms, Conditions &amp; Exceptions.</li> <li>4. The above is correct at the date of signing.</li> <li>5. Alterations/Cancellation may occur during the period.</li> <li>6. Current position will be confirmed on request.</li> </ol>	<p>This document is sufficient evidence to your Principal of the existence of the above Insurance Arrangements. Do not part with your original Policies. Please retain this original Form and send only copies to any Principal.</p>		
<p style="text-align: center;"><b>Specialist Risk Insurance Solutions Limited</b></p> <p>SIGNED:</p> <p>POSITION:           Group Deputy CEO</p> <p>DATED:               31st July 2024</p>			