

CONFIRMATION OF INSURANCE		
Company Name	Total Aggregates Limited	
Registered Address	Melvyn Robert House, Wigwam Lane, Hucknall, Nottingham, NG15 7SZ	
Occupation/Type Of Business	Plant Hire, Aggregate Supplying and Earthmoving	
SECTION A - CONTRACTORS LIABILITY		
Primary Insurer	Stonefort Insurance S.A	
Policy Number	BDHM2306011	
Excess of Loss Insurer	N/A	
Policy Number	N/A	
Period	09/06/2023 – 08/06/2024	
A1 – EMPLOYERS LIABILITY		
Limit Of Indemnity ( <i>any one accident</i> )	£10,000,000	
A2 – PUBLIC LIABILITY		
Limit Of Indemnity ( <i>any one accident</i> )	£5,000,000	
Excess ( <i>each &amp; every claim including costs and expenses</i> )	£1,000	
A3 – PRODUCTS LIABILITY		
Limit Of Indemnity ( <i>any one accident and in all</i> )	£5,000,000	
Excess ( <i>each &amp; every claim including costs and expenses</i> )	£1,000	
SECTION B – PROFESSIONAL INDEMNITY – NOT INSURED		
Primary Insurer		
Policy Number		
Period		
Limit of Indemnity – Any one claim and in the aggregate		
Excess ( <i>each &amp; every claim</i> )		
SECTION C – CONTRACTORS ALL RISKS		
Insurer	HSB Engineering Insurance	
Policy Number	CPI005358ACT	
Period	09/06/2023 – 08/06/2024	
Limit Of Indemnity ( <i>any one contract</i> )	Not Insured	
Limit Of Indemnity ( <i>owned plant</i> )	£300,000	
Limit Of Indemnity ( <i>hired in plant</i> )	£250,000	
Limit Of Indemnity ( <i>employee tools</i> )	£0	
Excess ( <i>each &amp; every claim</i> )	£5,000	
SECTION D – NOTES		
<b>To Principal</b>  All Policies in force up to stated Renewal Dates A general Principals' Clause &/or equivalent may be included subject to Policy Terms, Conditions & Exceptions The above is correct at the date of signing Alterations/Cancellations may occur during the period	<b>To Contractor</b>  This document is sufficient evidence to your principal of the existence of the above insurance arrangements Please retain this original form and send copies to any principals	<b>Date: 12/06/2023</b>  <b>Signed</b> 