FINSBURY INSURANCE GROUP

Certificate of Employers' Liability Insurance (a)

(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 1998 (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 NUMBER	FHBI4471823XB
1.	**NAME OF POLICYHOLDER:**	DisabilityPlus Complex Care Limited
2.	**DATE OF COMMENCEMENT OF INSURANCE POLICY:**	06/05/2026
3.	**DATE OF EXPIRY OF INSURANCE POLICY:**	05/05/2027

We hereby certify that subject to paragraph 2 -

1. 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 Guernsey, the Island of Jersey and the Island of Alderney; **(b)** and
2. the minimum amount of cover provided by this policy is no less than £5 million **(c)**

Signed on behalf of **HDI Global Specialty SE and Great Lakes Insurance UK Limited** (Authorised Insurer)



Group CEO, Simply Business

Notes

(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.