HISCOX

# Employers' Liability Tracing Office (ELTO)

Hiscox is a member of ELTO and must collect certain information about the entities insured for UK Employers' liability insurance under your policy.

## Information we hold for your policy

Policy number: 8188532/168305146

Insured: Wrangle Parish Council

We hold the following information for your policy. Please check it and notify us (or your insurance intermediary if you have one) if anything is incorrect.

| Employer/registered company name | Main/registered address | Postcode | HMRC Employer Reference Number (ERN) | ERN not applicable reason |
|---|---|---|---|---|
| Wrangle Parish Council | [redacted] | [redacted] | | All employees paid below PAYE threshold |

Please refer to your policy schedule for details of our obligations, your rights and how your information may be used.

## Mandatory information - what is required?

Below is a summary of the information we must collect from you to help you provide the correct information.

For the main policyholder and each additional employer or subsidiary company in the UK insured under the policy, the following is required:

1. Employer name
2. Full address of employer including postcode
3. HMRC Employer Reference Number (ERN)

**Entities which do not have an HMRC ERN**

If any entity insured does not have an ERN, a reason must be supplied to us from the following:

- All employees below PAYE threshold
- Business registered outside England, Scotland, Wales or NI
- The business does not have any employees

# CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE
**Policy: 8188532**

HISCOX

## 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 policy holder employs persons covered by the policy)

| | |
|---|---|
| **Policy number** | 8188532/168305146 |
| 1. **Name of policyholder** | Wrangle Parish Council |
| 2. **Date of commencement of insurance policy** | 01/06/2026 |
| 3. **Date of expiry of insurance policy** | 31/05/2027<br>Both days inclusive |

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 Jersey, the Island of Guernsey, 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 Hiscox Insurance Company Ltd

Steve Langan

**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.

## About the insurer

| | |
|---|---|
| **Insurer** | Hiscox Insurance Company Limited |
| **Registered address** | 22 Bishopsgate, London, EC2N 4BQ, United Kingdom |
| **Company registration** | Registered in England number 00070234 |
| **Status** | Hiscox Insurance Company Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority |