

CERTIFICATE OF EMPLOYERS' LIABILITY INSURANCE (A)

Policy No	NG/17/EL/001
1. Name of policyholder.	National Grid plc and/or associated and/or subsidiary companies.
2. Date of commencement of insurance policy.	01 April 2017
3. Date of Expiry of insurance policy.	31 March 2018

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 and the Island of Alderney (b); and
2. (a) the minimum amount of cover provided by this policy is not less than £5 million (c).

Signed on behalf of National Grid Insurance Company (Ireland) DAC (Authorised Insurer)



ANN O'KEEFFE
Director, National Grid Insurance Company (Ireland) DAC

Information about your certificate of Employers' Liability Insurance

National Grid Insurance Company (Ireland) DAC.
Third Floor, The Metropolitan Building, James Joyce Street, Dublin 1, Ireland.
Tel: 00 353 1266 6000
Fax: 00 353 1266 6606

Policyholder National Grid plc and/or associated and/or subsidiary companies

Policy Number NG/17/EL/001

Please use this number if you contact us.

Notes

- (a) Where the employer is a company to which regulation 3(2) of the Regulation 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 the paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.

Paragraph 2(b) does not apply and is deleted.

Your certificate is overleaf

This is your proof of Insurance. Full details are in your Policy Wording and Schedule. A copy of the certificate must be displayed at all places where you employ persons covered by the policy or an electronic copy of the certificate must be retained and be reasonably accessible to each employee to whom it relates. Extra copies of the certificate are available on request.

If your policy is cancelled you must send this certificate back to us straight away but keep a copy. Any refund of your premium will be calculated from the date we receive this certificate.

Your responsibilities

These include:

- Checking that the policy holder is correct on the certificate by naming each subsidiary company or stating that all subsidiary companies are covered, by naming any excluded.
- Advising us of subsidiary companies that you wish to consider adding or which are no longer to be covered and should be deleted.
- Arranging for separate cover in respect of associated companies.
- Advising us of change of name or interest.
- Advising us of takeovers or of mergers with other companies.
- Advising us of a new location or new locations.

Any changes might affect your cover and a new certificate may be required.