

Certificate of Motor Insurance

DOCUMENT NO.	A18240
1 DESCRIPTION OF VEHICLE	Any Motor Vehicle the property of the Policyholder or for which he is legally responsible.
2 NAME OF POLICYHOLDER	Wastecare Group Ltd & Subsidiary Companies
3 EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSE OF THE RELEVANT LAW	00:01 12/02/2020
4 DATE OF EXPIRY OF INSURANCE	MIDNIGHT 11/02/2021
5 PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE	Any person in the Policyholder's employ or acting with their authority. Provided that the person driving holds a Licence to drive the Vehicle or has held and is not disqualified from holding or obtaining such a Licence
6 LIMITATIONS AS TO USE	Use for Social, Domestic and Pleasure purposes and use for the business or trade purposes of the 'Policyholder'.

The Document does not cover use for the carriage of passengers for hire or reward or for hiring, racing, pace-making, speed trials or for any purpose in connection with the Motor Trade, Motor Rallies, or competitions or Trials or for towing for reward a trailer or a disabled mechanically propelled vehicle

I hereby Certify that the Policy Document to which this Certificate relates satisfies the requirements of the relevant law applicable to Great Britain, Northern Ireland, The Isle of Man, the Island of Guernsey, the Island of Jersey and the Island of Alderney.


Director

Direct Commercial Ltd

For authorised Insurers

Great Lakes Insurance SE, UK Branch: Plantation Place, 30 Fenchurch Street, London, EC3M 3AJ
under Binding Authority Agreement Number: T05830222019

Note: (1) FOR ANY AMENDMENT CONCERNING YOUR INSURANCE SEE OVERLEAF
(2) FOR FULL DETAILS OF THE INSURANCE COVER REFERENCE SHOULD BE MADE TO THE POLICY DOCUMENT.

ADVICE TO THIRD PARTIES – NOTHING CONTAINED IN THIS CERTIFICATE AFFECTS YOUR RIGHTS AS A THIRD PARTY TO MAKE A CLAIM

EUROPEAN COVER

The Insurance evidenced by this Certificate of Motor Insurance extends to include the **compulsory** motor insurance requirements of:

1. any other member country of the European Union.
2. The Czech Republic, Slovakia, Hungary, Norway and Switzerland.

N.B. YOU ARE ADVISED THAT THE ABOVE EXTENSION IS FOR THE MINIMUM INSURANCE REQUIREMENTS AND IN ORDER TO EXTEND THE FULL BENEFITS OF YOUR OWN CURRENT INSURANCE POLICY INSURERS PRIOR APPROVAL MUST BE OBTAINED

IMPORTANT

The Insured Vehicle

This Certificate of Insurance covers your present vehicle as disclosed to Insurers. Should you change your vehicle you **must** advise your Broker / Agent **immediately**. Existing Insurance cover will not operate until this is done.

Other Changes

If cover is requested for an additional vehicle, a change in use, or amendment to the persons entitled to drive, contact your Broker / Agent **immediately**.

Any termination or suspension of the Insurance to which the Insurers may on request agree will operate only from the date of return of this Certificate.

To report a claim please telephone:

01245 678 345

Available 24 hours a day, 365 days a year