CONFIRMATION OF INSURANCE

INSURED TERRITORIAL LIMITS	Lions Clubs International Multiple District 105, Leo Clubs, Lioness Clubs and any other Lions organisation owned, controlled or operated by a Named Insured or by individual Lion members while acting on behalf of a Named Insured Great Britain, Northern Ireland, Isle of Man, Channel Islands
BUSINESS DESCRIPTION	Charity Organisation
ENDORSEMENTS	Indemnity to Principals Voluntary Helpers Covered Member to Member Liability Terrorism and Asbestos Exclusion Excluding Professional Indemnity and Financial Loss

(A)

COMBINED LIABILITY

AS REQUIRED UNDER THE EMPLOYERS' LIABILITY (COMPULSORY INSURANCE) ACT 1969

INSURER / POL. NO. / RNL. DATE ACE Europe/MS Amlin UK Ltd/Hiscox Group 9357625

(1) EMPLOYERS' LIABILITY INCLUDING HEALTH & SAFETY AT WORK ETC. ACT 1974 – LEGAL COSTS

INDEMNITY : ANY ONE ACCIDENT GBP 10,000,000

(2) PUBLIC LIABILITY

INDEMNITY : ANY ONE CLAIM USD 1,000,000

(3) PRODUCTS LIABILITY

INDEMNITY : ANY ONE ACCIDENT & IN ALL USD 1,000,000

(4) PUBLIC/PRODUCTS LIABILITY – EXCESS OF LOSS

INDEMNITY : ANY ONE ACCIDENT GBP 10,000,000*

The difference between USD 1,000,000 and GBP 10,000,000 any one occurrence, so providing a total limit of GBP 10,000,000 any one occurrence

(5) MEDICAL MALPRACTICE incl contingency cover

INDEMNITY : ANY ONE CLAIM AND IN THE AGGREGATE GBP 1,000,000

EXCESS: : GBP 1,500

 Provision of blood sugar level screening using finger prick tests, venous blood tests for diabetes and PSA level for prostate cancer screening, blood pressure testing and health promotion including dietary advice and eye testing

NOTES TO PRINCIPAL

1. All Policies in force up to stated Renewal Dates.

2. General Principals' Clause &/or equivalent included

3. Subject to Policy Terms, Conditions & Exceptions.

4. The above is correct at the date of signing.

Alterations/Cancellation may occur during the period.

6. Current position will be confirmed on request.

MILES SMITH, ONE AMERICA SQUARE, 17 CROSSWALL, LONDON, EC3N 2LB TELEPHONE: 020-7977-4800

NOTE TO CONTRACTOR

This document is sufficient evidence to your Principal of the existence of the above Insurance Arrangements. Do not part with your original Policies. Please retain this original Form and Send photostats to any Principal



SIGNED:

DATED: 23 August 2017