

Dear Mr Handscombe

Thanks for choosing to continue to be insured through the **Bowls England Civil Liability Scheme** for the next 12 months.

Your renewal email contained the **policy schedule, important information regarding the cover and your duty as a policyholder**. If you're yet to have read this, please do take the time to do so - if there's anything that's unclear or that you don't understand, please contact us immediately.

#### Your Employer's Liability Certificate

Attached to the end of this email is a copy of your Employer's Liability Certificate. Although you can display this electronically, we recommend that this is **displayed in a prominent position within the Club premises**. It's also no longer a legal requirement to retain out of date certificates but we'd recommend that these are retained for a period of no less than 40 years.

#### Your receipt – thank you for providing payment

Insured	The Friends of English Bowling
Policy Number	SZ/18451237/230735
Insurer	Allianz Insurance Plc
Policy Period	1st April 2023 – 31 <sup>st</sup> March 2024

	Amount (£)
Sub Total	£100
Insurance Premium Tax	£12.00
Administration Fee	£20.00
<b>Total</b>	<b>£132.00</b>

#### Employees Reference Number (ERN)

We've assumed that there haven't been any changes to your employee status. Therefore, unless we're advised otherwise, we'll submit your status to the insurers as unchanged. If you have any further questions about your renewal, please don't hesitate to contact us.

Kind regards,

**Sutton Winson Sports Team**  
**[Sports@swib.co.uk](mailto:Sports@swib.co.uk)**



**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.)

**1. Policy number:** SZ/18451237/230735

**2. Name of policyholder:** The Friends of English Bowling

**3. Date of commencement of Insurance Policy:** 1st April 2023

**4. Date of expiry of Insurance Policy:** 31<sup>st</sup> March 2024

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 no less than £5 million **(c)**;

Signed on behalf of **Allianz Insurance plc**  
Authorised Insurers



**Jonathan Dye**  
**Chief Executive**

**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 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.*

Allianz Insurance plc 57 Ladymead, Guildford Surrey GU1 1DB Tel 01483 568161  
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Allianz Insurance plc is authorised by the Prudential Regulation Authority and Regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register Number 121849.

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