

**CONFIRMATION OF INSURANCE**

<b>CONTRACTOR</b>	Radical Waste Group Limited		
<b>BUSINESS DESCRIPTION</b>	Waste Transfer Station/Skip and Commercial Bin Hire		
(A)	<b>CONTRACTORS' LIABILITY</b>		
AS REQUIRED UNDER THE EMPLOYERS' LIABILITY (COMPULSORY INSURANCE) ACT 1969			
<b>INSURER / POL. NO. / RNL. DATE</b>	<b>AXIS Managing Agency Ltd</b>	<b>B190389231322</b>	<b>1<sup>st</sup> June 2025</b>
(1)	<b><u>EMPLOYERS' LIABILITY INCLUDING HEALTH &amp; SAFETY AT WORK ETC. ACT 1974 – LEGAL COSTS</u></b>		
	INDEMNITY	: ANY ONE ACCIDENT	GBP 10,000,000
(2)	<b><u>PUBLIC LIABILITY</u></b>		
	INDEMNITY	: ANY ONE ACCIDENT	GBP 10,000,000
	EXCESS	: PROPERTY DAMAGE/BODILY INJURY	GBP 2,500 *
	* Each and Every Claim including Costs and Expenses		
(3)	<b><u>PRODUCTS LIABILITY</u></b>		
	INDEMNITY	: ANY ONE ACCIDENT & IN ALL	GBP 10,000,000
	EXCESS	: PROPERTY DAMAGE/BODILY INJURY	GBP 2,500 *
	* Each and Every Claim including Costs and Expenses		
<b>NOTES TO PRINCIPAL</b>		<b>NOTE TO CONTRACTOR</b>	
<ol style="list-style-type: none"> <li>1. All Policies in force up to stated Renewal Dates.</li> <li>2. General Principals' Clause &amp;/or equivalent included</li> <li>3. Subject to Policy Terms, Conditions &amp; Exceptions.</li> <li>4. The above is correct at the date of signing.</li> <li>5. Alterations/Cancellation may occur during the period.</li> <li>6. Current position will be confirmed on request.</li> </ol>		<p>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 only copies to any Principal.</p>	
<p><b>Specialist Risk Insurance Solutions Limited</b>  SIGNED:  POSITION: Group Deputy CEO  DATED: 31st May 2024</p>			



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One America Square  
17 Crosswall  
London EC3N 2LB

srisenquiries@specialistrisk.com  
020 7977 4800

[srinsurancesolutions.co.uk](http://srinsurancesolutions.co.uk)