**(THIS CERTIFICATE MUST BE COMPLETED BY THE TENDERERS BROKER OR INSURER)**

**CONTRACT FOR THE PROVISION OF SERVICES**

**CERTIFICATE RELATING TO PUBLIC LIABILITY/THIRD PARTY INSURANCE – APPENDIX B**

**TO:  UK Anti-Doping**

1. This certificate is to assure UK Anti-Doping that Insurance Policy Number …………………..

with ………………………. (*the Insurer)* holds the Contractor covered throughout the Contract Period and in accordance with the Conditions of Contract, against any accident, damage, loss or injury which may occur to any property or to any persons by or arising out of the performance of the Services under the Contract without limiting the Contractor’s obligations and responsibilities.

1. UK Anti-Doping shall not be liable in respect of the above save to the extent that such accident or injury results from or is contributed to, by any act or default of UK Anti-Doping or persons employed by them.

1. The terms of the Insurance as approved by UK Anti-Doping include an indemnity to principal’s clause whereby in the event of any claim, in respect of which the Contractor would be entitled to receive indemnity under the Policy being made against UK Anti-Doping, the Contractor’s Insurers will indemnify UK Anti-Doping in like manner to the Insured against such a claim and any costs, charges and expenses in respect thereof.

1. We accept the obligation implied by this certificate to produce on request irrespective of timing, the Insurance Policies and Premium receipts.

1. The insurance in respect of this Contract for any one accident without any limitation of the number of claims from………………………… to ……………………….. in a contract year is not less than £5 million (five million pounds sterling).

1. Insurers address……………………………………………………………………………………..

………………………………………………………………………………………………………………

Insurers authorised signatory………………………………………….Date…………………………..

Status/Designation………………………………………………………………………………………..

Signed………………………………………………………………………………………………………

On behalf of (Company name and address)…………………………………………………………..

………………………………………………………………………………………………………………

Insurers/Brokers stamp………………………………………………………………………………….

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| --- |
| FOR OFFICIAL USE |
| POLICY INSPECTION DATE…………………………………………….  OFFICERS SIGNATURE………………………………………………… |
| PREMIUM INSPECTION DATE…………………………………………  OFFICERS SIGNATURE………………………………………………... |