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

**CONTRACT FOR THE PROVISION OF SERVICES**

**CERTIFICATE RELATING TO EMPLOYEES LIABILITY INSURANCE – APPENDIX A**

**TO:  UK Anti-Doping**

1. This Certificate is to assure UK Anti-Doping that the Insurance Policy Number………………... holds the Contractor covered throughout the Contract Period and in accordance with the Conditions in respect of any damage or compensation payable at law in respect of any accident or injury to any workman or other person in the employment of the Contractor or his Agent.

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 the UK Anti-Doping or persons employed by UK Anti-Doping.

1. The Contractor undertakes to indemnify and keep indemnified UK Anti-Doping against all such damages and claims (except the aforesaid paragraph 2) and against all claims, demands, proceedings, costs, charges and expenses whatsoever in respect and relating thereto.

1. We have due regard to UK Anti-Doping’s interests in the policy in respect of the risks to the Contractor's employees and others and undertake to inform immediately the UK Anti-Doping's Director of Business Support if the insurance cover is discontinued or invalidated during the Contract Period.

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

1. The insurance in respect of this Contract for any one incident without any limitation of the number of claims from……………………..to…………………………. in a contract year is not less than £10 million (ten million pounds sterling).

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

 …………………………………………………………………………………………………….

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

Status/Designation………………………………………………..Policy No………………...

Expiry Date……………………............... Signed…………………………………………….

On behalf of (company name and address)…………………………………………………

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

…………………………………………………………………………………………………...

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

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| --- |
| FOR OFFICIAL USE  |
| POLICY INSPECTION DATE ...................................................OFFICER'S SIGNATURE………………………………………… |
| PREMIUM INSPECTION DATE ..............................................OFFICER'S SIGNATURE………………………………………... |