

Certificate of employers' liability insurance (a)

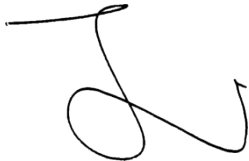
(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 1998 and subsequently amended by regulation 2 of the Employers' Liability (Compulsory Insurance) Regulations 2008 (the **regulations**), one or more copies of this certificate must be displayed at each place of business at which the policyholder employs persons covered by the policy. This requirement will be satisfied if the certificate is made available in electronic form and each relevant employee to whom it relates has reasonable access to it in that form).

Policy number	PL-PSC10002750632/08
Name of policyholder	Atten Group Ltd
1. Date of commencement of insurance policy	06/06/2021
2. Date of expiry of insurance policy	05/06/2022 Both days inclusive
Insurer:	Hiscox Insurance Company Limited

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, the Island of Alderney (b); and
2. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

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 its 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.

The certificate above shows that you are insured

- (i) with an authorised insurer, and
- (ii) in terms required by the Act for your liability for bodily injury or disease sustained by your employees.

The certificate (or any copy) must not be displayed unless the policy has been renewed.

Hiscox Insurance Company Ltd
Registered in England Number 70234
Registered Office 1 Great St Helen's, London EC3A 6HX
Telephone No: 020 7448 6000

Certificate of employers' liability insurance (a)

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Policy number PL-PSC10002750632/08

Name of policyholder Chiron Bid Co Ltd

1. **Date of commencement of insurance policy** 06/06/2020

2. **Date of expiry of insurance policy** 05/06/2022
Both days inclusive

Insurer:

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, the Island of Alderney (b); and
2. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

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 its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
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- 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.

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Policy number PL-PSC10002750632/08

Name of policyholder Chiron Midco Ltd

3. **Date of commencement of insurance policy** 06/06/2020

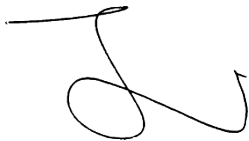
4. **Date of expiry of insurance policy** 05/06/2022
Both days inclusive

Insurer:

We hereby certify that subject to paragraph 2:

3. 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, the Island of Alderney (b); and
4. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

Notes:

- d. 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 its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
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- f. 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.

The certificate above shows that you are insured

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- (iv) in terms required by the Act for your liability for bodily injury or disease sustained by your employees.

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Policy number PL-PSC10002750632/08

Name of policyholder Chiron Topco Ltd

5. **Date of commencement of insurance policy** 06/06/2020

6. **Date of expiry of insurance policy** 05/06/2022
Both days inclusive

Insurer:

We hereby certify that subject to paragraph 2:

5. 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, the Island of Alderney (b); and
6. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

Notes:

- g. 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 its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
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- i. 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.

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- (v) with an authorised insurer, and
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Policy number PL-PSC10002750632/08

Name of policyholder Node 4 Holdings Ltd

7. **Date of commencement of insurance policy** 06/06/2020

8. **Date of expiry of insurance policy** 05/06/2022
Both days inclusive

Insurer:

We hereby certify that subject to paragraph 2:

7. 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, the Island of Alderney (b); and
8. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

Notes:

- j. 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 its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- k. Specify applicable law as provided for in regulation 4(6) of the Regulations.
- l. 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.

The certificate above shows that you are insured

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Policy number PL-PSC10002750632/08

Name of policyholder Onomi Ltd

9. **Date of commencement of insurance policy** 06/06/2020

10. **Date of expiry of insurance policy** 05/06/2022
Both days inclusive

Insurer:

We hereby certify that subject to paragraph 2:

9. 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, the Island of Alderney (b); and

10. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

Notes:

- m. 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 its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
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- o. 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.

The certificate above shows that you are insured

- (ix) with an authorised insurer, and
- (x) in terms required by the Act for your liability for bodily injury or disease sustained by your employees.

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Policy number PL-PSC10002750632/08

Name of policyholder Node4 Ltd

11. **Date of commencement of insurance policy** 06/06/2020

12. **Date of expiry of insurance policy** 05/06/2022
Both days inclusive

Insurer:

We hereby certify that subject to paragraph 2:

11. 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, the Island of Alderney (b); and
12. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

Notes:

- p. 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 its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
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- r. 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.

The certificate above shows that you are insured

- (xi) with an authorised insurer, and
- (xii) in terms required by the Act for your liability for bodily injury or disease sustained by your employees.

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Policy number	PL-PSC10002750632/08
Name of policyholder	Secure Hosting Ltd
13. Date of commencement of insurance policy	06/06/2020
14. Date of expiry of insurance policy	05/06/2022
	Both days inclusive

Insurer:

We hereby certify that subject to paragraph 2:

13. 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, the Island of Alderney (b); and
14. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

Notes:

- s. 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 its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- t. Specify applicable law as provided for in regulation 4(6) of the Regulations.
- u. 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.

The certificate above shows that you are insured

- (xiii) with an authorised insurer, and
- (xiv) in terms required by the Act for your liability for bodily injury or disease sustained by your employees.

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Policy number	PL-PSC10002750632/08
Name of policyholder	Starcom Technologies Ltd
15. Date of commencement of insurance policy	06/06/2020
16. Date of expiry of insurance policy	05/06/2022
	Both days inclusive

Insurer:

We hereby certify that subject to paragraph 2:

15. 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, the Island of Alderney (b); and
16. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

Notes:

- v. 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 its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- w. Specify applicable law as provided for in regulation 4(6) of the Regulations.
- x. 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.

The certificate above shows that you are insured

(xv) with an authorised insurer, and
(xvi) in terms required by the Act for your liability for bodily injury or disease sustained by your employees.

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Certificate of employers liability insurance
Atten Midco Ltd

Certificate of employers' liability insurance (a)

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Policy number PL-PSC10002750632/08

Name of policyholder Atten Midco Ltd

17. **Date of commencement of insurance policy** 06/06/2020

18. **Date of expiry of insurance policy** 05/06/2022
Both days inclusive

Insurer:

We hereby certify that subject to paragraph 2:

- 17. 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, the Island of Alderney (b); and
- 18. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers

Bob Thaker
CEO, Hiscox UK

Notes:

- y. 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 its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- z. Specify applicable law as provided for in regulation 4(6) of the Regulations.
- aa. 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.

The certificate above shows that you are insured

- (xvii) with an authorised insurer, and
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Policy number PL-PSC10002750632/08

Name of policyholder Atten Finance Ltd

19. **Date of commencement of insurance policy** 06/06/2020

20. **Date of expiry of insurance policy** 05/06/2022
Both days inclusive

Insurer:

We hereby certify that subject to paragraph 2:

19. 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, the Island of Alderney (b); and
20. the minimum amount of cover provided by the policy is no less than £5 million (c).

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Bob Thaker
CEO, Hiscox UK

Notes:

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Certificate of employers liability insurance
Atten Bidco Ltd

Certificate of employers' liability insurance (a)

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Policy number PL-PSC10002750632/08

Name of policyholder Atten Bidco Ltd

21. **Date of commencement of insurance policy** 06/06/2020

22. **Date of expiry of insurance policy** 05/06/2022
Both days inclusive

Insurer:

We hereby certify that subject to paragraph 2:

- 21. 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, the Island of Alderney (b); and
- 22. the minimum amount of cover provided by the policy is no less than £5 million (c).

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Bob Thaker
CEO, Hiscox UK

Notes:

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