

**To Whom It May Concern**  
**Combined Liability Insurance**  
**Mr T Lloyd T/as Astral Sound**

This is to confirm that we act as insurance intermediary for the above named and have arranged insurance as summarised below:

|                                      |   |
|--------------------------------------|---|
| Policyholder:                        | Mr T Lloyd T/as Astral Sound                                |
| Business Description (main):         | Theatre - Groups, Production Company, Workshops and Schools |
| Business Description (supplemental): |   |
| Insurer:                             | Hiscox Insurance Company Limited                            |
| Policy Number:                       | STM2/0248   |
| Period of Insurance:                 | 13/04/2019 to 12/04/2020, both dates inclusive              |

**Employers' Liability Insurance**

|                     |   |
|---------------------|---|
| Limit of Indemnity: | £10,000,000   |
| Territorial Limits: | Worldwide   |
| Jurisdiction:       | United Kingdom, the Channel Islands and the Isle of Man |

**Public Liability Insurance**

|                         |   |
|-------------------------|---|
| Limit of Indemnity:     | £2,000,000  |
| Indemnity to Principal: | Included  |
| Use of Heat:            | Excluded  |
| Height Limit:           | 3 metres  |
| Territorial Limits:     | Worldwide   |
| Jurisdiction:           | United Kingdom, the Channel Islands and the Isle of Man |

**Products Liability Insurance**

|                         |   |
|-------------------------|---|
| Limit of Indemnity:     | £2,000,000  |
| Indemnity to Principal: | Included  |
| Territorial Limits:     | Worldwide   |
| Jurisdiction:           | United Kingdom, the Channel Islands and the Isle of Man |

In some circumstances, such as non-payment of any premiums due, cancellation may occur before the natural expiry date of the policy. We would be pleased to confirm the present position upon request.

Yours sincerely,



**Mike McCormack**  
**Director**

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