
CERTIFICATE OF INSURANCE

LLOYD'S CERTIFICATE OF INSURANCE

effected through

Delta Insurance New Zealand Limited

Level 2, 204 Quay Street, Auckland, 1010. PO Box 106 276, Auckland 1143.

E-mail: underwriting@deltainsurance.co.nz

(hereinafter called the Coverholder)

THIS IS TO CERTIFY that in accordance with the authorisation granted under Contract UMR B60822024DELPL01 to the undersigned by certain Underwriters at Lloyd's, whose definitive numbers and the proportions underwritten by them, which will be supplied on application, can be ascertained by reference to the said Contract, and in consideration of the premium agreed, the said Underwriters are hereby bound, severally and not jointly, each for his own part and not one for another, their Executors and Administrators, to insure in accordance with the terms and conditions contained herein or endorsed hereon.

NAMED INSURED:

AA House Checks Ltd

POLICY NUMBER / WORDING:

D19952/2025/GL/1

Delta GL Package 06-14 R0423

D19952/2025/SL/1

Delta GL Package 06-14 R0423

POLICY PERIOD:

Inception Date: 01 February 2025

Expiration Date: 01 February 2026 (4:00 pm NZ Standard Time)

LIMIT OF LIABILITY:

General Liability

\$2,000,000 Any one occurrence (Products Liability in the aggregate)

Statutory Liability

\$1,000,000 Any one claim and in the aggregate

UNDERWRITERS:

Delta New Zealand Ltd for and on behalf of Certain Underwriters at Lloyd's

COVERHOLDER NOTICE TO INSURED:

Agent of the Underwriters

In effecting this Policy, any cover is accepted by DELTA INSURANCE NEW ZEALAND LIMITED (DELTA) acting under an authority given by the subscribing Underwriters and DELTA is acting as Agent of the Underwriters and not the Agent of the Insured.

IN WITNESS WHEREOF, the Underwriters have caused this Policy to be signed on the Schedule by a duly authorised representative of the Underwriters.


Delta Insurance New Zealand Limited

Authorised Representative

Policy schedule issued on 23 January 2025