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**CERTIFICATE OF INSURANCE**

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**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](mailto:underwriting@deltainsurance.co.nz)

(hereinafter called the Coverholder)

THIS IS TO CERTIFY that in accordance with the authorisation granted under Contract UMR B60822023DELPL01 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.

<b>NAMED INSURED:</b>	PestProof Ltd t/a PestProof Pest Control	
<b>POLICY NUMBER / WORDING:</b>	D22812/2024/GL/1	Delta GL Package 06-14 R0423
	D22812/2024/PI/1	PI 06-14 R0423
<b>POLICY PERIOD:</b>	Inception Date: 30 April 2024 Expiration Date: 30 April 2025 (4:00 pm NZ Standard Time)	
<b>LIMIT OF LIABILITY:</b>		
<b>General Liability</b>	\$5,000,000 Any one occurrence (Products Liability in the aggregate)	
<b>Professional Indemnity</b>	\$500,000 One reinstatement	
<b>UNDERWRITERS:</b>	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.



**Authorised Representative**

Policy schedule issued on 29 April 2024