

VERIFICATION OF INSURANCE

I, the undersigned Insurance Broker, hereby certify that the following insurance is in force as of this date.

Policy Holder:	Andrew Mccutcheon T/A Brite Smile Oasis
Business Address:	4a Heathfields, Barnsley, S70 3RT
Type of Insurance:	Public Liability Elected Advanced Treatment Cover
Insurer/s:	ERGO
Date / Time of inception:	17/01/2025 00:00:00AM
Date of Expiry:	16/01/2026
Policy Number:	E2547R17
Business Description:	Beautician
Terms & Conditions:	As per policy
Public & Products Liability Indemnity Limit:	£1,000,000.00 any one claim
Basic Treatment Cover Indemnity Limit:	£0.00 any one claim

This document is furnished as a matter of information only. The issuance of this document does not make the person or organisation to whom it is issued an additional insured, nor does it modify in any manner the contract of insurance between the insured and the Underwriters.

Should the above mentioned contract of insurance be cancelled, assigned or changed during the policy period mentioned above in such as to affect this document, no obligation to inform the holder of this document is accepted by the undersigned or by the Underwriters.



Dated as of 17/01/25

C I 4 U GB Nationwide Ltd