

**VERIFICATION OF INSURANCE****To Whom It May Concern:-**03<sup>rd</sup> June 2024

We, the undersigned Insurance Brokers certify that the following described insurance is in force at this date.

**NAME OF INSURED:** Focused Payment Services Limited**ADDRESS:** Mansion House, Manchester Road, Altrincham, Cheshire, WA14 4RW**Public/Products Liability****Insurer:** Hiscox**Policy No.:** 1281187**Limit of Indemnity:** £10,000,000 any one occurrence or series of occurrences arising out of any one event**Deductible:** £250 increased to £2,500 in respect of safety critical rail work or heat work**Period of Insurance:** 14<sup>th</sup> May 2024 to 04<sup>th</sup> February 2025

All policies are subject to terms and conditions as specified in the policy wording and other associated documents.

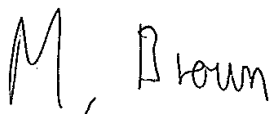
We have placed the insurance which is the subject of this letter after consultation with the client and based upon the clients instructions only. Terms of coverage, including limits and excess are based upon information provided to us by insurers.

This letter is issued as a matter of information only and confers no right upon a third party other than those provided by the policy. This letter does not amend, extend or alter the coverage afforded by the policies described herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this letter may be issued or pertain, the insurance afforded by the policy (policies) described herein is subject to all terms, conditions, limitations, exclusions and cancellation provisions and may also be subject to warranties. Limits shown may have been reduced by paid claims.

We express no view and assume no liability with respect to the solvency or future ability to pay of any of the insurance companies which have issued the insurance(s).

We assume no obligation to advise any third party of any developments regarding the insurance(s) subsequent to the date hereof. This letter is given on the condition that you forever waive any liability against us based upon the placement of the insurance(s) and/or the statements made in this letter (to the extent such waiver is legally permitted).

This letter may not be reproduced by you or used for any other purpose without our prior written consent.



Account Handler