

Certificate of employers' liability insurance (a)

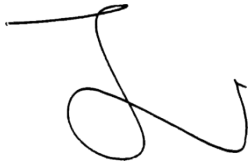
(Where required by regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 1998 and subsequently amended by regulation 2 of the Employers' Liability (Compulsory Insurance) Regulations 2008 (the **regulations**), one or more copies of this certificate must be displayed at each place of business at which the policyholder employs persons covered by the policy. This requirement will be satisfied if the certificate is made available in electronic form and each relevant employee to whom it relates has reasonable access to it in that form).

Policy number	PL-PSC04001314774/03
Name of policyholder	Chiron Topco Ltd
1. Date of commencement of insurance policy	06/06/2020
2. Date of expiry of insurance policy	05/06/2021 Both days inclusive
Insurer:	Hiscox Insurance Company Limited

We hereby certify that subject to paragraph 2:

1. the policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey, the Island of Alderney (b); and
2. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

Notes:

- a. Where the employer is a company to which regulation 3(2) of the regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- b. Specify applicable law as provided for in regulation 4(6) of the Regulations.
- c. See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.

The certificate above shows that you are insured

- (i) with an authorised insurer, and
- (ii) in terms required by the Act for your liability for bodily injury or disease sustained by your employees.

The certificate (or any copy) must not be displayed unless the policy has been renewed.

Hiscox Insurance Company Ltd
Registered in England Number 70234
Registered Office 1 Great St Helen's, London EC3A 6HX
Telephone No: 020 7448 6000

Certificate of employers' liability insurance (a)

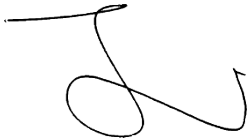
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Policy number	PL-PSC04001314774/03
Name of policyholder	Chiron Midco Ltd
1. Date of commencement of insurance policy	06/06/2019
2. Date of expiry of insurance policy	05/06/2021 Both days inclusive
Insurer:	Hiscox Insurance Company Limited

We hereby certify that subject to paragraph 2:

1. the policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey, the Island of Alderney (b); and
2. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

Notes:

- a. Where the employer is a company to which regulation 3(2) of the regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- b. Specify applicable law as provided for in regulation 4(6) of the Regulations.
- c. See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.

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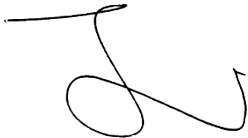
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Policy number	PL-PSC04001314774/03
Name of policyholder	LETN Solutions Ltd
3. Date of commencement of insurance policy	06/06/2019
4. Date of expiry of insurance policy	05/06/2021 Both days inclusive
Insurer:	Hiscox Insurance Company Limited

We hereby certify that subject to paragraph 2:

3. the policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey, the Island of Alderney (b); and
4. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

Notes:

- d. Where the employer is a company to which regulation 3(2) of the regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- e. Specify applicable law as provided for in regulation 4(6) of the Regulations.
- f. See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.

The certificate above shows that you are insured

- (iii) with an authorised insurer, and
- (iv) in terms required by the Act for your liability for bodily injury or disease sustained by your employees.

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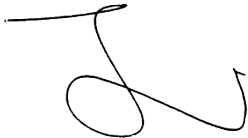
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Policy number	PL-PSC04001314774/03
Name of policyholder	Node 4 Holdings Ltd
5. Date of commencement of insurance policy	06/06/2019
6. Date of expiry of insurance policy	05/06/2021 Both days inclusive
Insurer:	Hiscox Insurance Company Limited

We hereby certify that subject to paragraph 2:

5. the policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey, the Island of Alderney (b); and
6. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

Notes:

- g. Where the employer is a company to which regulation 3(2) of the regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- h. Specify applicable law as provided for in regulation 4(6) of the Regulations.
- i. See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.

The certificate above shows that you are insured

- (v) with an authorised insurer, and
- (vi) in terms required by the Act for your liability for bodily injury or disease sustained by your employees.

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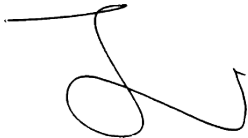
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Policy number	PL-PSC04001314774/03
Name of policyholder	Onomi Ltd
7. Date of commencement of insurance policy	06/06/2019
8. Date of expiry of insurance policy	05/06/2021 Both days inclusive
Insurer:	Hiscox Insurance Company Limited

We hereby certify that subject to paragraph 2:

7. the policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey, the Island of Alderney (b); and
8. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

Notes:

- j. Where the employer is a company to which regulation 3(2) of the regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- k. Specify applicable law as provided for in regulation 4(6) of the Regulations.
- l. See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.

The certificate above shows that you are insured

- (vii) with an authorised insurer, and
- (viii) in terms required by the Act for your liability for bodily injury or disease sustained by your employees.

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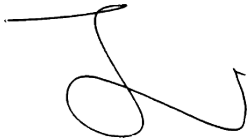
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Policy number	PL-PSC04001314774/03
Name of policyholder	Premier IT Networks Ltd
9. Date of commencement of insurance policy	06/06/2019
10. Date of expiry of insurance policy	05/06/2021 Both days inclusive
Insurer:	Hiscox Insurance Company Limited

We hereby certify that subject to paragraph 2:

9. the policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey, the Island of Alderney (b); and
10. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

Notes:

- m. Where the employer is a company to which regulation 3(2) of the regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- n. Specify applicable law as provided for in regulation 4(6) of the Regulations.
- o. See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.

The certificate above shows that you are insured

- (ix) with an authorised insurer, and
- (x) in terms required by the Act for your liability for bodily injury or disease sustained by your employees.

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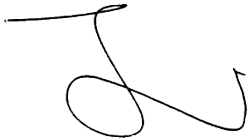
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Policy number	PL-PSC04001314774/03
Name of policyholder	Reconnix Ltd
11. Date of commencement of insurance policy	06/06/2019
12. Date of expiry of insurance policy	05/06/2021 Both days inclusive
Insurer:	Hiscox Insurance Company Limited

We hereby certify that subject to paragraph 2:

11. the policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey, the Island of Alderney (b); and
12. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

Notes:

- p. Where the employer is a company to which regulation 3(2) of the regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- q. Specify applicable law as provided for in regulation 4(6) of the Regulations.
- r. See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.

The certificate above shows that you are insured

- (xi) with an authorised insurer, and
- (xii) in terms required by the Act for your liability for bodily injury or disease sustained by your employees.

The certificate (or any copy) must not be displayed unless the policy has been renewed.

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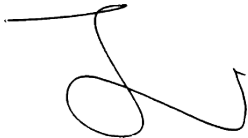
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Policy number	PL-PSC04001314774/03
Name of policyholder	Secura Hosting Limited
13. Date of commencement of insurance policy	06/06/2019
14. Date of expiry of insurance policy	05/06/2021 Both days inclusive
Insurer:	Hiscox Insurance Company Limited

We hereby certify that subject to paragraph 2:

13. the policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey, the Island of Alderney (b); and
14. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

Notes:

- s. Where the employer is a company to which regulation 3(2) of the regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- t. Specify applicable law as provided for in regulation 4(6) of the Regulations.
- u. See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.

The certificate above shows that you are insured

- (xiii) with an authorised insurer, and
- (xiv) in terms required by the Act for your liability for bodily injury or disease sustained by your employees.

The certificate (or any copy) must not be displayed unless the policy has been renewed.

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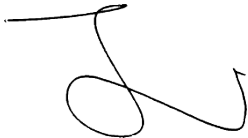
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Policy number	PL-PSC04001314774/03
Name of policyholder	Secura Hosting Trustee Ltd
15. Date of commencement of insurance policy	06/06/2019
16. Date of expiry of insurance policy	05/06/2021 Both days inclusive
Insurer:	Hiscox Insurance Company Limited

We hereby certify that subject to paragraph 2:

15. the policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey, the Island of Alderney (b); and
16. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

Notes:

- v. Where the employer is a company to which regulation 3(2) of the regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- w. Specify applicable law as provided for in regulation 4(6) of the Regulations.
- x. See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.

The certificate above shows that you are insured

- (xv) with an authorised insurer, and
- (xvi) in terms required by the Act for your liability for bodily injury or disease sustained by your employees.

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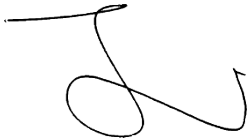
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Policy number	PL-PSC04001314774/03
Name of policyholder	ENSCO 1032 Ltd
17. Date of commencement of insurance policy	06/06/2019
18. Date of expiry of insurance policy	05/06/2021 Both days inclusive
Insurer:	Hiscox Insurance Company Limited

We hereby certify that subject to paragraph 2:

17. the policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey, the Island of Alderney (b); and
18. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

Notes:

- y. Where the employer is a company to which regulation 3(2) of the regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- z. Specify applicable law as provided for in regulation 4(6) of the Regulations.
- aa. See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.

The certificate above shows that you are insured

- (xvii) with an authorised insurer, and
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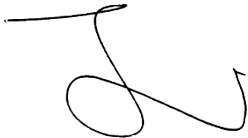
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Policy number	PL-PSC04001314774/03
Name of policyholder	Chiron Bidco Ltd
19. Date of commencement of insurance policy	06/06/2019
20. Date of expiry of insurance policy	05/06/2021 Both days inclusive
Insurer:	Hiscox Insurance Company Limited

We hereby certify that subject to paragraph 2:

19. the policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey, the Island of Alderney (b); and
20. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

Notes:

- bb. Where the employer is a company to which regulation 3(2) of the regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
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- dd. See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.

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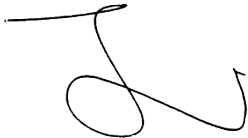
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Policy number	PL-PSC04001314774/03
Name of policyholder	Node 4 Ltd
21. Date of commencement of insurance policy	06/06/2019
22. Date of expiry of insurance policy	05/06/2021 Both days inclusive
Insurer:	Hiscox Insurance Company Limited

We hereby certify that subject to paragraph 2:

21. the policy to which this certificate relates satisfies the requirements of the relevant law applicable in Great Britain, Northern Ireland, the Isle of Man, the Island of Jersey, the Island of Guernsey, the Island of Alderney (b); and
22. the minimum amount of cover provided by the policy is no less than £5 million (c).

Signed on behalf of Hiscox Underwriting Limited as agent for the insurers



Bob Thaker
CEO, Hiscox UK

Notes:

- ee. Where the employer is a company to which regulation 3(2) of the regulations applies, the certificate shall state in a prominent place, either that the policy covers the holding company and all its subsidiaries, or that the policy covers the holding company and all its subsidiaries except any specifically excluded by name, or that the policy covers the holding company and only the named subsidiaries.
- ff. Specify applicable law as provided for in regulation 4(6) of the Regulations.
- gg. See regulation 3(1) of the Regulations and delete whichever of paragraphs 2(a) or 2(b) does not apply. Where 2(b) is applicable, specify the amount of cover provided by the relevant policy.

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- (xxi) with an authorised insurer, and
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