

**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](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.

**NAMED INSURED:**

SpeedCurve Limited

**POLICY NUMBER / WORDING:**

D19394/2023/TL/1	Tech 03-15 R0423
D19394/2023/DO/1	Delta Optima 10-17
D19394/2023/SL/1	Delta GL Package 06-14 R0423
D19394/2023/EL/1	Delta GL Package 06-14 R0423
D19394/2023/CR/1	Delta Optima 10-17
D19394/2023/EP/1	Delta Optima 10-17

**POLICY PERIOD:**

Inception Date: 18 December 2023  
 Expiration Date: 18 December 2024 (4:00 pm NZ Standard Time)

**LIMIT OF LIABILITY:**

**Technology Liability**

Errors & Omissions: \$2,000,000 E&O: Two reinstatements, GL: Any one Occurrence  
 Personal Injury & Property Damage: \$10,000,000 E&O: Any one Claim, GL: Any one Occurrence

**Directors & Officers Liability**

\$2,000,000 Any one claim and in the aggregate

**Statutory Liability**

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

**Employer's Liability**

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

**Crime**

\$100,000 Any one single loss and in the aggregate

**Employment Practices Liability**

\$100,000 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.



**Authorised Representative**

Policy schedule issued on 27 December 2023