



SCHEDULE OF INSURANCE

POLICY NUMBER : SOL04000106

NAME OF INSURED FIRM : H W S Ltd

PRINCIPAL ADDRESS OF THE FIRM : 82 Bolton Street
Bury
Lancashire
BL9 0LL

BUSINESS : Solicitors in private legal practice

PERIOD OF INSURANCE : 1st October 2004 to 30th September 2005
Both days inclusive Greenwich Mean Time

SUM INSURED : £1,500,000 Any one claim costs in addition

EXCESS : £ Each and every claim but £
in the annual aggregate.

CONDITIONS : As per wording

PREMIUM : £ plus 5% Insurance Premium Tax

DATE(s) OF PROPOSAL FORM(s) : This insurance is based on the proposal form(s) the dates of which
is/are listed below and supporting documentation (if any)
accompanying the proposal form.
Proposal form dated: 18 August 2004

NOTICE OF CLAIMS OR CIRCUMSTANCES TO : For Attention of: Claims Department
Navigators Insurance Company
Suite 974
Lloyd's
One Lime Street
London
EC3M 7HA

IN WITNESS WHEREOF I being a representative of the Insurer and authorized by the Insurer to sign this Policy on its behalf, have here unto subscribed my name this 5th day of ~~November~~ Two Thousand and Four.

FOR AND ON BEHALF OF NAVIGATORS INSURANCE COMPANY