

Insurance Certificate

TOUR OPERATORS LIABILITY INSURANCE

DATE : 9TH SEPTMEBR 2024
POLICY NUMBER : 12/1406/0000023
POLICY HOLDER NAME : CLASSIC JOURNEYS LIMITED
POSTAL ADDRESS : P.O. BOX 63048- 00200, CITY SQUARE, NAIROBI

The above policyholder having successfully applied to APA INSURANCE LIMITED for a TOUR OPEARATORS LIABILITY INSURANCE, it is hereby agreed that the benefits of the policy issued are available to CLASSIC JOURNEYS LIMITED.

Period of Insurance: From: 9TH SEPTEMBER 2024 TO 8TH SEPTEMBER 2025.

Subject to the terms, conditions and exceptions of the Professional Indemnity Policy issued.

The Maximum Limit per Event and or per year **USD. 500,000**
(In words) FIVE HUNDRED THOUSAND US DOLLARS.

Authorised Signatory: Signature:

Name: SAMMY MWANGI

Designation: ASS.MANAGER BUSINESS DEVELOPMENT

Date:9TH SEPTEMBER 2024

This Certificate is not valid unless signed and bearing the Insurer's rubber stamp as shown above.