

Issue Date: 24 May 2016

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To Whom It May Concern

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Certificate of Placement – Group Personal Accident & Sickness

In our capacity as Insurance Broker to the Named Insured shown below, we confirm having arranged the following insurance, the details of which are correct as at the Issue Date:

Named Insured: Madjck Pty Ltd, Amalgamated Pest Control Pty Ltd, Australasia Wholesale Chemical Technologies Pty Ltd & AWCT Singapore PPE, Enviromax Technologies Pty Ltd, J McCarron Pty Ltd and/or all Licensees and Sub-Licensees and/or subsidiary and/or affiliated companies and/or financiers and/or joint venture partners and/or consultants, contractors, sub-contractors, agents, outgoing partners and/or those entities newly created or acquired and/or those entities sold or disposed of during or before the Period of Insurance insofar as required by Madjck Pty Ltd and Amalgamated Pest Control Pty Ltd all for their respective rights and interests

Description of Business: Pest Control and any other activity incidental thereto

Insurer: Accident and Health International Underwriting Pty Ltd Limited

Policy Number: 0009661

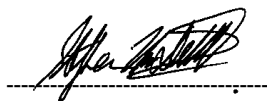
Insured Persons: All persons as declared on a monthly basis

Scope of Cover: The coverage afforded by this Policy provides worldwide 24 hour 365 day protection

Aggregate Limit of Liability: \$1,000,000

Territorial Limits: Worldwide

Expiry: 4:00 pm 1 May 2017, Local Standard Time at the Insured's head office



Signed for and on behalf of
Willis Australia Limited

Disclaimer:

This document has been prepared at the request of our client and does not represent an insurance policy, guarantee or warranty and cannot be relied upon as such. All coverage described is subject to the terms, conditions and limitations of the insurance policy and is issued as a matter of record only. This document does not alter or extend the coverage provided or assume continuity beyond the Expiry Date. It does not confer any rights under the insurance policy to any party. Willis Australia Limited is under no obligation to inform any party if the insurance policy is cancelled, assigned or changed after the Issue Date.