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A.B.N. 21 051 930 105

Attention: Mr P Bloomfield
Company: McKenzie Ross

From: Alan Mackay

We hereby confirm that we have arranged the insurance cover mentioned below:

Altinarda P/L & La Roche
185 Ackland Street
ST KILDA VIC 3182

CERTIFICATE OF CURRENCY

Date: 22/02/2012
Our Reference: ALTINARDA

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Class of Policy: Public & Products Liability Insurance
Insurer: W R Berkley Insurance (Europe) Limited (HL)
NCG Professional Risks
The Insured: Altinarda P/L & La Roche

ABN:

Policy No: GH030661F
Invoice No: 79551
Period of Cover:
From 8/02/2012
to 8/02/2013 at 4:00 pm

Details:

See attached schedule for a
description of the risk insured

IMPORTANT INFORMATION

The Proposal/Declaration:

- ☐ is to be received and accepted
by the Insurer
☒ has been received and accepted
by the Insurer

The total premium as at the
above date is:

- ☒ to be paid by the Insured
☐ part paid by the Insured
☐ paid in full by the Insured
☐ paid by Monthly Direct Debit

Premium Funding

- ☐ This policy is Premium Funded

Schedule of Insurance

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Class of Policy:	Public & Products Liability Insurance	Policy No:	GH030661F
The Insured:	Altinarda P/L & La Roche	Invoice No:	79551
		Our Ref:	ALTINARDA

Public and Products Liability

Insured: Altinarda Pty Ltd

Situation: La Roche Restaurant 185 Ackland St St Kilda
St Kilda Pizza House 45 Blessington St St Kilda
Iddy Biddy Bar 35 Blessington St St Kilda

Noting the interests of the City of Port Phillip in respect to outdoor dining

Public Liability Insurance\$20,000,000 any one occurrence

Products Liability Insurance.....\$20,000,000 any one occurrence
and in aggregate any one year

Deductible \$1,000 any one occurrence

Insurers

Primary \$20,000,000 W R Berkley (Europe) Limited

Total \$20,000,000

Several Liability Notice

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligation.

Binder Agreement number B1115TNS107110689