



Supplementary Questionnaire

Asbestos and Pollution Questionnaire for Architects and Consulting Engineers Only

Important Notes

“**You / Your**” refers to all firms to be insured under this arrangement including their **Principals**, including any predecessor or previous business for which cover is required.

“**We / Us / Our**” means the Insurer or Insurers subscribing to the insurance to be effected through Pen Underwriting Limited trading as Manchester Underwriting Management (“**MUM**”).

“**Firm**” means any business, whether a sole trader, partnership or company, limited liability or otherwise.

“**Principal/s**” means any director, partner, member or sole trader.

“**Poorly Rated or Unrated Insurer**” means an insurer that is not rated at a higher level than B by at least one of Standard & Poor’s, AM Best, Fitch or Moody’s.

We do not exclude claims arising from insurer insolvency. Accordingly, **We** need to know more about **Your** exposure to **Poorly Rated or Unrated Insurers**. This form should be completed such that the information provided relates to all **Firms** to be insured under this arrangement, including any predecessor or previous business for which cover is required.

This questionnaire forms part of **Your** presentation to **Us**. **We** rely on the information **You** give to **Us** in deciding whether to offer insurance and in setting the terms and premium. **You** must take care when answering any questions **We** ask by ensuring that all information provided is accurate and complete. **You** must disclose every material circumstance **You** know or ought to know, and provide a fair presentation of the information required to enable **Us** to assess **Your** insurance risk. **You** must also disclose any changes to the facts disclosed that occur prior to commencement of insurance.

Failure to disclose all relevant material facts whilst making this application may lead to the invalidation of any insurance effected, and ultimately result in avoidance of the insurance or non-payment of any claim made.

Information is material if it could:

- a. affect **Our** assessment of the risk; or
- b. it could mean that **We** may need to change the terms or premium or both; or
- c. mean that **We** may not be able to cover that aspect of risk; or
- d. mean that **We** may no longer be able to provide **You** with insurance cover.

Full details of coverage provided can be found in MUM’s Policy Wordings and Summaries, which are available on request or at www.manchesterunderwriting.com.

How does MUM maintain Your privacy?

MUM is the data controller of any personal data **You** provide to **MUM**. **MUM** collects and processes personal data in order to offer and provide insurance services and policies and to process claims. Personal data is also used for business purposes such as fraud prevention and detection, financial management, to generate risk modelling, conduct analytics including to advise, improve and develop its products and services and to comply with its legal and regulatory obligations. This may involve sharing information with and obtaining information from **MUM**’s group companies and third parties such as (re)insurers, other brokers, loss adjusters, credit reference agencies, service providers, professional advisors, regulators or fraud prevention agencies.

MUM may record telephone calls to help it to monitor and improve the service provided as well as for regulatory purposes.



Please see **MUM's** Privacy Notice for further information on how **Your** personal data is used, shared, disclosed and retained, **Your** rights in relation to **Your** personal data and how to contact **MUM's** Data Protection Officer. **MUM's** Privacy Notice can be found at <https://www.penunderwriting.co.uk/Privacy-Policy>. **MUM** may make important updates to its Privacy Notice from time to time and these may in turn affect the way **MUM** uses and handles **Your** data. Please ensure **You** review **MUM's** Privacy Notice periodically to ensure **You** are aware of any changes.

If **You** are providing data in the course of **Your** business, or as a charity, for charitable purposes and providing information on other individuals to **MUM**, for example **Your** employees and/or any other party that would be covered under the insurance or services that **MUM** may provide to **You**, **You** shall ensure that individuals whose personal data **You** are providing to **MUM** have been provided with fair processing notices that are sufficient in scope and purpose, and that **You** have obtained all appropriate consents, where required, or are otherwise authorised, to transfer the personal data to **MUM** and enable **MUM** to use the personal data and process the personal data for the purposes of this agreement and as set forth in **MUM's** Privacy Notice. **You** must not share personal data with **MUM** that is not necessary for **MUM** to offer, provide or administer its services.

1. Have **You** in the past, or will **You** within the next period of Insurance undertake any Asbestos Surveys or become involved in preparing or executing "The Plan of Work"? (as described in Regulation 7 CAWR)?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If **YES** please answer the following questions. If **NO** please proceed to question 4.

2. Please confirm the number of each type of Asbestos Surveys undertaken in the last twelve months and the fees earned:

	Number	Fees
Management Survey		
Refurbishment and Demolition Survey		
Total		

3. Do **You** advise on the removal of Asbestos or appoint a contractor to undertake such work?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If **YES** do **You** check that such contractor is a member of the Asbestos Removal Contractors Association?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If **NO**, please provide full details:

4. Do **You** advise clients (other than managing agents) concerning the repair or maintenance of non-domestic Premises?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If YES to the above, please complete the table below:

Do You:	As per question 4	
Advise Your client in writing of their responsibilities under CAWR?	Yes	No
Ensure that Your retainer/terms of engagement specify the extent of Your responsibility to procure action on behalf of your client's duties under CAWR?	Yes	No
When required to retain professional assistance in connection with CAWR on behalf of You client only appoint a person accredited to provide such services?	Yes	No
Ensure that any appointed sub-contractor enters into a direct contract solely with Your client for the provision of professional assistance?	Yes	No

If You have answered **NO** to any of the questions above please provide a full explanation below:

5. Please complete the table below stating the percentage of total gross fees from the last financial year as well as the number of years that **You** have undertaken such work:

Activity:	YES/NO	Fees	No. of Years
Environmental monitoring/studies/assessments/reports/audits:		£	
Surveys/Valuations of landfill/other waste disposal sites:		£	
Surveys/Valuations of property known to be polluted prior to survey:		£	
Design/Supervision of remedial or clean up operations involving polluted or contaminated property:		£	
Management of any property which is known to be polluted or contaminated:		£	
Project Management/Co-Ordination relating to works which may give rise to pollution/contamination:		£	
Evaluation/monitoring/design/closure/enclosure of landfill sites:		£	
Any other work relating to waste disposal/treatment/management:		£	
Work relating to air emission control systems:		£	
Work relating to industrial piping or process systems:		£	
Work relating to underground storage facilities:		£	
Work relating to hazardous chemical substances:		£	
Any other work which may create liability for pollution or contamination (Please give full details)		£	



Declaration

I declare that, after full enquiry, the contents of this application are true and that I have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I have provided or any new material matter arises before the completion of the contract of insurance, I undertake to inform **You**.

Name of Principal signing this form
Signature
Date