



Supplementary Questionnaire

Covid-19 – Construction Consultants

Architects, Consulting Engineers, Quantity Surveyors, Project Managers etc.

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 Manchester Underwriting Management Limited (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.

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.

PRIVACY

Short Form Privacy Notice

The General Data Protection Regulation (GDPR) gives you rights over the processing of your personal data by whoever and wherever it is held.

Manchester Underwriting Management Limited (MUM) is the data controller of any personal data which it holds about you or processes and MUM will process your personal data in accordance with data protection laws. Details of who MUM is and where we can be contacted can be found on our website www.manchesterunderwriting.com. This personal data includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include special categories of personal data such as information about your health and any criminal convictions you may have and may be obtained from you, your representatives and public records (e.g. criminal records, regulatory records, anti-fraud databases).

We process your personal data for the purposes of providing insurance related services to you and for business purposes such as fraud prevention, record management and general day to day business operations. As an



underwriting agent for insurers MUM will collect and transfer your personal data to various parties associated with the services MUM provides to you. The way insurance works means that your information may be shared with, and used by, a number of third parties in the insurance sector for example, our group companies, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Details of what information MUM collects, its source, the legal basis for this, who MUM may pass it to and why MUM does this are set out in MUM's privacy notice which may be accessed on MUM's web site at <http://www.manchesterunderwriting.com/contact-us/privacy-notice/>. If you pass us personal data about any third party, you should ensure that they are aware of the content of this notice. MUM's policy is to keep any information obtained from you secure and confidential and only use it for the purposes of providing insurance, or as may be specifically agreed with you.

1. Have **You** furloughed any staff or otherwise reduced staff numbers?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please provide further details:

2. Do **You** have an up-to-date Business Continuity Plan (BCP) as part of **Your** risk management process, including processes to allow staff adequately to work remotely?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If NO, please describe how your business practices have been impacted:

3. Does your BCP include contingency measure for significant levels of staff illness?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

4. Is it possible to maintain usual risk and operational controls and procedures under the BCP?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If NO, please describe what changes have been implemented:

5. Do you use an electronic document management system throughout the business and is there remote access to all core systems?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If NO, please describe what changes have been implemented:



--

6. Will the impact of COVID-19 affect your revenue stream, whether positively or negatively?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please describe how and to what degree, plus the potential time period your revenue will be affected:

--

7. Other than revenue, do you anticipate that COVID-19 will have a long term impact on your business structure?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please describe these changes and their impact:

--

8. How have **You** tried to manage the impact that this will have on projects already secured that have been scheduled for 2020 / 2021?

--

9. How are **You** ensuring that the quality of **Your** firm's work remains as good as it was before the crisis and that deadlines or renewal dates are not missed, things that need to be done timeously get done on time and that information needed, such as files in relation to present or past work, whether electronic or paper, remain easily accessible.

--

10. Have you undertaken any form of work flow audit on your recent and current work to ensure that no deadline or milestone has been or is likely to be breached?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If breaches were identified, please provide details and advise what has been done:

--



11. Have any variations to contracts been documented and legally agreed with your client and other parties to the contract?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

12. If work has stopped on all or some of **Your** projects on site during the COVID-19 outbreak, was this **Your** decision or the client's? If **Yours**, have the clients agreed with the decision undertaken and agreed to the consequential delays that will be incurred?

--

13. If this was **Your** decision, do all the contracts where work has stopped contain Force Majeure provisions and have **You** sought legal advice that these can be invoked for the COVID-19 outbreak?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

14. Do **You** only use standard contract agreements with Force Majeure provisions?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If NO, please provide details of any contractual protections in respect of COVID-19 and whether they apply for all clients and projects?

--

15. Have **You** documented each decision impacted by COVID-19 and recorded the agreement with **Your** client?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

16. If work has not stopped at any time on all or some of **Your** projects on site during the COVID-19 outbreak, have **You** informed and documented to the employer any potential delays or additional costs that may be incurred due to the outbreak?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

17. Are **You** ensuring adequate record keeping in order to be able to evidence any COVID-19-related delays to projects (e.g. delays to plant & equipment manufacturing, construction, staff quarantined, travel restrictions, actions taken to minimise any delays, etc.?)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

18. Do you anticipate any delays within the supply chain or delays to projects, either current or starting?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please describe:

--



19. What plans do you have in place to mitigate any negative impact on projects?

--

20. If any of **Your** work is sub-contracted, have **Your** sub-contractors or sub-consultants been fully available when required and on site when needed?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

21. Have extra checks been implemented on the financial health of sub-contractors or sub-consultants?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please provide further details:

--

22. Have any contractors/sub-contractors/consultants on any of your projects entered administration or faced any other 'insolvency event' such as receivership, insolvency etc.?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please provide further details:

--

23. How are you managing your debt obligations at present? Do you have any large debt payments to complete within the next 6 months?

--

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