



# Supplementary Questionnaire

## Poorly Rated or Unrated Insurers

### 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](http://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. Main name of Firm

2. Do **You** place or intend to place, or have **You** at any time in the last 6 years placed, business with any insurer that, at the time of placement, was a **Poorly Rated or Unrated Insurer**?

Yes		No	
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If **Yes**, please state the following:

Insurer Name	Type of Business	When last used	Average Annual Premium Placed at time of use	Average number of Insureds placed at time of use

3. What is or was the rationale for the use of **Poorly Rated or Unrated Insurers**, particularly for long tail business such as liability?

Do you intend to continue using **Poorly Rated or Unrated Insurers** in future?

Yes		No	
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If YES, in what circumstances?

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4. How is or was **Your** rationale explained to customers?

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5. Do or did **You** always offer an alternative option with an insurer that was not a **Poorly Rated or Unrated Insurer**?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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6. Are / have the procedures described in 4 and 5 above been followed at all times?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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**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 <b>Principal</b> signing this form
Signature
Date