



Risk Management Questionnaire

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 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.

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** reduced staff numbers in the past 12 months? Yes No

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 No

If **NO**, please provide further details:

3. If **You** are a Sole Practitioner, what arrangements have been made for attention to the business in the event of sickness or absence for any reason, whether planned or unexpected.

4. Do you have remote access to all core systems? Yes No

If **NO**, please describe what changes have been implemented:

5. Have **You** at all times used written agreements for all work undertaken that clearly outline the services to be provided? Yes No

If **NO**, please describe what changes have been implemented:



6. Have **You** at all times:
- a) confirmed all changes to the specifications or agreed deliverables in writing, explaining the cost changes and other implications and
 - b) documented all variations to contracts with your clients and other parties involved?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If **NO**, please describe what changes have been implemented:

7. Has any **Principal** ever been convicted of a criminal offence or are any charges/prosecutions pending (excluding minor motoring offences) or has any Principal ever been or is in the process of being investigated/reprimanded/disqualified by their professional body or any regulator?

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

8. Has any **Principal** ever been made personally bankrupt or been associated with any business that has ceased trading, either voluntarily or compulsory?

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

9. Do **You** now or have you at any time in the past undertaken work where the 'end product' is in an 'Affected Country' or traded with an 'Affected Country' or for clients domiciled in an Affected Country or who are controlled and/or ultimately owned, in whole or in part, by persons or entities that are domiciled in or citizens of an 'Affected Country'?

'Affected Country' shall mean: Belarus, Cuba, Iran, North Korea, Russia, Syria, Ukraine and Venezuela.

If **YES**, please provide details.

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 Principal signing this form
Signature
Date