



MANCHESTER

UNDERWRITING MANAGEMENT

Link House, St. Mary's Way, Chesham HP5 1HR
Telephone: 01494 770700 Facsimile: 01494 774724

SCHEDULE

Certificate No: PI17A154416

Wording: MUM DC AOC 06 16 Date: 13/01/2017

Insured: Jamieson Contracting (NW) Ltd; previously Jamieson Contracting (Manchester) Ltd

Business: General Building Contractor

Period of Insurance: From 23/01/2017 To 22/01/2018 both dates inclusive.

Indemnity Limit: GBP 2,000,000 Any one claim defence costs in addition

Excess: GBP 2,500 Each and every claim does not apply to defence costs and expenses

Additional Conditions: Other Activities: None
Retroactive Date: 23/01/2015
Geographical Limits: Worldwide excluding USA / Canada
Jurisdiction: Worldwide excluding USA / Canada

In accordance with the authorisation granted under Contract Number B1196B169996 and 0592740116 to the undersigned and in consideration of the payment of the premium specified herein, the said Insurers are hereby bound to insure in accordance with the terms and conditions contained herein or endorsed hereon.

In Witness whereof this Certificate has been signed by

MANCHESTER UNDERWRITING MANAGEMENT LIMITED.

Schedule of Insurers

<u>Insurer</u>	<u>Contract</u>	<u>Percentage</u>
MS AmIn Lloyd's Syndicate 2001	B1196B169996	50.000%
Great Lakes Reinsurance (UK) SE	0592740116	50.000%



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NOTICE TO INSURED

Please check this documentation carefully and ensure that it is accurate and meets your needs. If there is any error, or anything that you do not understand, please contact your broker straightaway.

ALL insurances contain conditions and exclusions; some contain warranties (which if they are breached may well void the insurance completely). It is vital that you are familiar with the obligations imposed upon you by the terms of this policy and the limitations of its scope. Your broker will be happy to discuss these with you.

YOUR cover might need amending if there are any changes to your business – you should inform your broker immediately. Failure to do this could lead to an uninsured loss.

COMPLAINTS

WE recognise the importance of service and set ourselves high standards. If we have not met your expectations then we would like to know. This helps us to improve and to try to resolve the problem. If you have a complaint:

1. In the first instance, speak to the person who arranged the policy for you.
2. If you remain unhappy, then our Compliance Officer will be pleased to investigate your complaint.

Please write, telephone or fax:

The Compliance Officer
Manchester Underwriting Management Ltd
Link House
St. Mary's Way
Chesham
Buckinghamshire
HP5 1HR

3. If your complaint cannot be satisfactorily resolved with Manchester Underwriting Management Ltd, you should contact:

Policyholder and Market Assistance
Lloyd's
One Lime Street
London
EC3M 7HA

DESIGN AND CONSTRUCTION PROFESSIONAL INDEMNITY CERTIFICATE

The Contract of Insurance

This **Certificate** is a contract of insurance between **You** and **Us**. In return for the premium shown in the **Schedule** that **You** have paid or agreed to pay **We** agree to insure **You** in accordance with the terms and conditions contained in or endorsed on this **Certificate**.

You should take the time to read all its terms, especially the conditions which **You** have to fulfil to ensure that **Your** insurance remains valid and what **You** have to do when making a **Claim**.

Important

In deciding to insure **You** and in setting the terms and premium, **We** have relied on the **Proposal**. **You** must ensure that all information provided in the **Proposal** 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, both at the commencement of the **Period of Insurance** or at the subsequent renewal of this **Certificate**.

It is important that **You**:

- check that the information **You** have given **Us** is accurate and complete
- comply with **Your** duties as set out in this **Certificate**.

If this **Certificate** does not meet **Your** requirements, or if **Your** requirements change, **You** should contact **Your** Broker at **Your** earliest opportunity.

Renewal

MUM will write to **Your** Broker at least 21 days before the **Period of Insurance** ends with renewal terms or with full details of the information that **MUM** will require in order to offer renewal terms. Please contact **Your** Broker if **You** do not want to renew this **Certificate**. Occasionally, **We** may not be able to offer to renew **Your** **Certificate**. If this happens, **We** will write to **Your** Broker at least 21 days before the expiry of **Your** **Certificate** to allow enough time for **You** to make alternative insurance arrangements.

Interpretation

- words and expressions appearing in bold type shall bear the meanings given against the word or expression in the section of this **Certificate** headed 'Definitions'.
- headings are for ease of reference only and shall not be taken into account in construing this **Certificate**.
- references to masculine include the feminine and vice versa;
- the singular includes the plural and vice versa;
- reference to any legislation, statute or statutory provision shall include any amendment or replacement;
- references to any position, title or legislation shall include their equivalent in the relevant jurisdiction.

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