

COVID-19 MANAGEMENT LIABILITY & ASSOCIATION LIABILITY ADDENDUM

- This Addendum should be read with and completed in conjunction with the Arch Management Liability or Association Liability Proposal Form
- Any documents attached to the declaration form, are parts of this declaration.
- The completion and signature of this Addendum does not bind the Applicant or Underwriters to complete a Contract of Insurance.
- Please answer the following questions. If insufficient space to complete your answers, please use your headed paper to continue, stating the question you are enlarging upon.

Questions

1. Has COVID-19 pandemic materially impacted the Applicant’s operations? If yes, has the Applicant assessed/quantified best and worst case scenarios including potential long-term implications? What actions have been deployed to address the impact?
 Yes No

Please provide details

2.
 - a) Does the Applicant expect or has COVID-19 impacted cash flow and liquidity? If yes, what sources of funding does the Applicant have unconditional access to including government assistance and for how long?
 Yes No
 - b) With or without government assistance, does the Applicant have sufficient access to funds to trade for the next 12 months and pay all debts as and when they fall due?
 Yes No
 - c) Has the Applicant conducted any financial stress-tests or assessed the ability of their business to continue as a going concern, using the going concern basis of accounting? Will they need to raise funds or equity in the short term?
 Yes No
 - d) Does the Applicant expect to maintain compliance with all debt covenants in the next 12 months? Have negotiations begun to refinance any debt as a result of the impact of COVID-19?
 Yes No
 - e) How is the Applicant monitoring/managing its credit risk to customers?

Please provide details

3. What changes has the Applicant made to manage its cyber exposures in light of COVID19?

Please provide details

4.

- a) Has the Applicant sought external human resources or legal advice in terms of their responsibilities relating to any terminations, redundancies, reduced hours or stand downs?
Yes No
- b) How is the Applicant ensuring a safe workplace and managing the wellbeing of their employees and customers in adherence with the Australian Government Department of Health and other government bodies advice, restrictions and guidelines.
- c) Does the Applicant have a written WH&S and Business Continuity Plan which addresses these safe practices in relation to infectious disease controls?
Yes No

Please provide details.

5. Is/will the Applicant experience disruption to its supply chain and what contingencies have/will be deployed to address such disruption? Is the Applicant monitoring its exposure to key customers/suppliers?

Yes No

Please provide details

DECLARATION

I declare that I have made all necessary inquiries into the accuracy of the responses given in this Addendum and confirm that the statements and particulars provided in it are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that if any of the information given by me or the proposer, alters between the date of this Addendum and the inception date of the insurance to which it relates, I will give immediate notice thereof to the insurer.

I acknowledge receipt of the Important Notices contained in this Addendum and that I have read and understood the content of them, including the Duty of Disclosure. I agree to the terms of the Privacy Statement. I also acknowledge that the insurance will be provided in whole or in part by overseas insurers.

I confirm that I am authorised by the proposer and its partners/principals/directors (if applicable) to complete this Addendum and to accept the quotation terms for this insurance on their behalf.

Name: _____

Title: _____

Signature: _____

Date: _____

(Signing of this Addendum does not bind the proposer or the insurers to complete or enter into a Policy)