

## Buildings and Contents Insurance Questionnaire

Personal Details	Name 1	Name 2
Title / Surname	/	/
Forenames		
Previous / Maiden Name		
Date of Birth	/ /	/ /
Current address		
Postcode:		
Previous address		
Postcode:		
<b>Contact details: (please indicate preferred method of contact)</b>		
Telephone: work	<input type="checkbox"/>	<input type="checkbox"/>
Telephone: home	<input type="checkbox"/>	<input type="checkbox"/>
Mobile:	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>

### Buildings Insurance\*

Cover amount ( <b>standard up to £800,000</b> ):	
Include accidental damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Voluntary excess? (in addition to standard excess £100 & £250 for escape of water)	£0
No claims discount entitlement?	0

### Contents Insurance\*

Cover amount ( <b>standard cover up to £40,000</b> ):	
Include accidental damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Voluntary excess? (in addition to standard excess £100 & £250 for escape of water)	£0
No claims discount entitlement?	0

### Legal Expenses\*

Cover amount ( <b>standard cover up to £100,000</b> ):	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### Home Emergency Cover\*

Cover amount ( <b>standard cover up to £1,000</b> ):	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please itemise any personal possessions you would like to be covered with an individual value of over £2k to be included on the policy (**Itemise below**):

Are pedal cycles to be covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many?
Any other comments:		



History	
Have you incurred more than two (2) losses within 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you incurred one (1) loss within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you incurred a loss of more than £2,500 within 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you any convictions, other than driving offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any insurance cancelled or turned down or had any special terms added to a policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The residence	
Property type (please select): Semi-Detached House	No. of bathrooms (please select): 1
Approx year built:	Wall construction (please select): Brick
No. of bedrooms (please select): 1	Roof construction (please select): Tile
No. of adults, 18 and over living in the property: 1	No. of children, (17 & under) in the property: 1
Any other supplementary information:	

Is this your main residence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property occupied solely by you and your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property self-contained with its own lockable entrance, which is only accessible by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is not used for business purposes other than clerical work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is in a sound state of repair	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is not usually left unoccupied during the day or night other than whilst you are at work, for usual shopping trips or on holiday or the like	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is not likely to be left unoccupied for more than 60 days at a time	<input type="checkbox"/> Yes <input type="checkbox"/> No

In the last 15yrs the property has not:	
been affected by flood	<input type="checkbox"/> Yes <input type="checkbox"/> No
been affected by subsidence, heave, landslip or structural movement	<input type="checkbox"/> Yes <input type="checkbox"/> No
been underpinned or provided with any other structural support	<input type="checkbox"/> Yes <input type="checkbox"/> No

General details	
Are smoke alarms fitted in the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Daily occupancy (please select):	Regularly occupied during the night

Security details:	
Is the property in a Neighbourhood Watch area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the property have an approved alarm fitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the property have key operated window locks throughout?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the property have door locks fitted to minimum standards of security?	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Please note that once an estimate has been provided we will need to liaise with you regarding affordability of any policy that is put into place on your behalf.

Declaration	
Name:	
Date:	
Name:	
Date:	

