

SUBSIDENCE QUESTIONNAIRE

Name of Insured:	
Address of premises to be insured:	Postcode

Please complete this questionnaire ticking all the boxes

	Yes	No
1 Were the premises built after 1920?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Is the premises		
2.1 more than 2 storeys in height?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 in a good state of repair and regularly maintained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3 free of any visible cracks externally?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4 in an area that has suffered subsidence, heave or landslip?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Has the premises previously suffered damage by subsidence, heave or landslip?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 Is the premises:		
4.1 built on made or filled ground, a hillside or sloping land?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 situated within 400m of a cliff, riverbank, seafront, mining or quarry workings (whether discontinued or not)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Are there any trees within a distance of 20 metres from the premises?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE PROVIDE FULL DETAILS OVERLEAF.

DECLARATION

I declare that to the best of my knowledge and belief this questionnaire has been completed correctly and nothing material affecting the risk has been concealed. I agree that this questionnaire shall form the basis of the contract with QBE Insurance (Europe) Limited. I agree to accept insurance subject to the terms and conditions of the Company's policy and the insurance will not be in force until the questionnaire has been accepted by the Company.

I understand that some of the information I have provided will be made available to other Insurers for underwriting and claims handling purposes and consent to the seeking of information from other Insurers to check the answers I have provided, and I authorise the giving of such information.

Signed

Position **Date:**

This form must be signed by an authorised representative of the company such as a Partner, Director or Company Secretary