Subsidence Questionnaire



Please note cover in respect of subsidence is not provided until this form is completed and accepted by underwriters. Please complete and return this form as soon as possible.

Please complete the questions or statements requested in this form carefully						
Name of Proposer						
Address of the property to be insured:						
Postcode						
Business Description:						
Please complete the below in respect of the premises you wish to have covered against subsidence:						
1) Has a structural survey of the building been done?	YES	NO				
If Yes – please provide a copy of the report.						
2) Is the building in the vicinity of underground workings (actual or proposed) or watercourses?	YES	NO				
3) Is the building constructed on made-up ground or an infill site?	YES	NO				
4) Have there been any incidents of subsidence, heave or						
landslip at or in the vicinity of the building?	YES	NO				
5) Are there any visible signs at the building of movement damage or repair?	YES	NO				
6) Has the building been underpinned?	YES	NO				
If you have answered ' Yes ' to any of questions 1-6 please provide details in the box below.						



Subsidence Questionnaire 1/2

Subsidence Questionnaire



7)	Are there any trees over 5m (16ft) within 25m (80ft) of the building?					
	If Yes , please provide the following in respect of each tree:					
	α) The species of the tree					
	b) The distance of the tree from the property					
	c) The height of the tree					
	d) Whose responsibility is it to maintain the tree?					
Declaration						
I/we declare that to the best of my/our knowledge and belief the information and statements provided herein are true and complete and I/we have made a fair presentation of the risk, by disclosing all material facts or circumstances which						
I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. I/we undertake to inform the						
Insurer of any material alteration to those facts occurring before completion of the contract of insurance.						
No	ame	Position				
Sic	anature of Proposer / Insured	Dato				



Subsidence Questionnaire 2 / 2