



UNDERWRITING LTD.

SUBSIDENCE LANDSLIP AND HEAVE

SUPPLEMENTARY QUESTIONNAIRE

Full Name:

Address of Property(s) to be insured:

Postcode:

Policy Number (if known)

- | | YES | NO |
|--|-------------------------------------|-------------------------------------|
| 1. Are the premises free from signs of damage which may be attributable to Subsidence, Landslip or Heave (please state width of internal and external cracks overleaf)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Are the premises being monitored for Subsidence, Landslip or Heave or have they ever been monitored for Subsidence, Landslip or Heave, or been the subject of an occurrence of Subsidence, Landslip or Heave? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there any trees or shrubs within 20 feet of your premises whether inside or outside your garden, which are more than 10 feet tall? If so, please identify in the space provided overleaf. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the structure of your premises been extended within the last 25 years? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Have the premises ever been the subject of a survey which mentions settlement or movement of Buildings? (If yes, please enclose a copy with this questionnaire) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Has any neighbouring property, after enquiry, been the subject of an occurrence of Subsidence, Landslip or Heave? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Have the premises ever been flooded as a result of broken or damaged underground drains or are you aware of any extensive underground drainage problems within the last 5 years? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



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IF YOU HAVE TICKED ANY OF THE SHADED BOXES PLEASE GIVE FULL DETAILS IN THE SPACE PROVIDED BELOW.

(continue on separate sheet if required)

DECLARATION

To the best of my knowledge and belief the answers given, whether in my own hand or not, are true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. (N.B. A material fact is one likely to influence assessment of this risk or the terms on which it is accepted by Underwriters.) If you are in any doubt as to whether a fact is material or not you must disclose it in the space below.

(continue on separate sheet if required)

This questionnaire and the information provided in connection therewith contain statements upon which Underwriters will rely on deciding to accept this insurance.

Signature of Proposer _____ Date _____