Recyclesure

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.

7. Are there any trees over 5m (16ft) within 25m (80ft) of the building? Yes/No

   If Yes, please provide the following in respect of each tree:

   a. 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? ....

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.

Name: Position:

Signature of Proposer / Insured: Date: