

# Subsidence and Landslip Questionnaire

Client details (block capitals please)

Policy number

Name of proposer

Address of the property to be insured

Age of buildings (years)

Date of ownership / occupation by you  
DD / MM / YYYY

Policy number input field

Name of proposer input field

Address of the property to be insured - line 1

Address of the property to be insured - line 2

Address of the property to be insured - line 3

Address of the property to be insured - line 4

Postcode

Postcode input field

Age of buildings (years) input field

Date of ownership / occupation by you input field

**Please tick the relevant boxes / complete the relevant information**

- 1. When was the property built? \_\_\_\_\_
- 2. What is the correct occupancy / use of the property? \_\_\_\_\_
- 3. For what purpose was the property originally built for? \_\_\_\_\_

If **not** originally built as a Private Dwelling House please provide details of the type of construction and if known the type of foundations used

\_\_\_\_\_

\_\_\_\_\_

4. Are there any extensions, additions or structural alterations to the original property Yes  No   
If **yes** please advise:

a) The date of construction \_\_\_\_\_

b) Number of storeys in height \_\_\_\_\_

5. Does the property have a basement, cellar, or any underground rooms? Yes  No

6. To the best of your knowledge, are the buildings built on clay soil? Yes  No

7. To the best of your knowledge, are the buildings built on made up ground, on a land fill site or slag heap? Yes  No

8. Is the property on a sloping site, elevated or on a hillside? (slopes of less than a 1:9 gradient can be disregarded) Yes  No

9. Are there any visible cracks in the walls of the buildings? Yes  No   
If **yes** please advise:

a) Between 1mm and 2.5mm wide Yes  No

b) Between 2.5mm and 5mm wide Yes  No

c) More than 5mm wide Yes  No

- 10. Is the property situated within 200 metres of any railway lines / embankments, road / motorway embankments, mines, quarries, underground workings (operational, disused or proposed), earthworks, lakes or watercourses? Yes  No
- 11. To the best of your knowledge, are any excavations, demolitions or developments located within 200 metres of the premises present or planned? Yes  No
- 12. To the best of your knowledge, is there a history of subsidence, heave, landslip or movement in the area? Yes  No
- 13. Has the property for which insurance is required ever been damaged by subsidence, heave, landslip or movement or are there any signs or repair? Yes  No
- 14. Are there any trees or shrubs within 20 metres (65ft) of the property and which are more than 5m (15ft) in height?  
If **yes** please advise:
  - a) 10-20 metres (32-65ft) Yes  No
  - b) Less than 10 metres (32ft) Yes  No
- 15. If you have answered **yes** to **question 14** please advise:
  - a) The type / species of tree or shrub \_\_\_\_\_
  - b) Their actual distance from the property \_\_\_\_\_
  - c) The height, and if known the age of the tree / shrub \_\_\_\_\_
  - d) Do they belong to You  Neighbour  Local Authority
  - e) Are any of the trees subject to a preservation order? Yes  No
- 16. To the best of your knowledge, have any trees described in **question 14** been severely lopped or removed within the last 3 years? Yes  No
- 17. To the best of your knowledge, has a drains test been carried out on the property in the last 5 years? Yes  No
- 18. To the best of your knowledge, has the property ever suffered any problems with the underground drainage system? Yes  No

Comments / additional information

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I / we have read, or have had read to me / us the contents of this completed Subsidence Questionnaire together with any associated notes and I / we declare that the information given is, to the best of my / our knowledge and belief, correct and completed and I / we have not withheld any material facts.

(Failure to disclose all material facts could invalidate the policy. A material fact is one which is likely to influence an insurer in the acceptance and assessment of the risk to be insured or the terms on which it is accepted. If you are in doubt as to whether a fact is material then it should be disclosed to the insurer. If any changes in circumstances arise during the period of insurance cover please provide your insurer with details).

I / we acknowledge that the information given in this questionnaire forms part of my / our application for cover and that cover will not be provided unless and until confirmation has been given by or on behalf of the insurer.

Name \_\_\_\_\_ Position held \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_