

Proposer Details

Name of Proposer or Company Name	
Property Address	

Property Details

How long has the proposer lived at this address?	
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Approximate year of construction	
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Has the property been extended within the last 25 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Has the property (including all outbuildings) ...

...suffered any damage because of subsidence, heave or movement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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...ever been monitored for subsidence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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...shown any sign of internal or external cracking?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are there any trees or shrubs more than 5 metres in height or within 5 metres of the property or any outbuildings?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are there any trees or shrubs subject to a Tree Preservation Order (TPO) or subject to regular maintenance? (If answered Yes please provide further details below)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have any of the properties to be insured (including all outbuildings) ever been subject to a survey that mentions subsidence, settlement and/or movement? (if so, please provide a copy)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are you aware of any neighbouring properties having been damaged by or shown signs of subsidence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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In the last 5 years has the property had any drainage issues, whether resulting in a claim or not?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If you answered YES to any of the above questions, please provide full information.

DISCLAIMER: By signing this document:

- You are declaring that the information given in this questionnaire is to the best of your knowledge and correct at the time of signing. If you have any doubts about any of the questions above, then please consult your insurance advisor. Failure to disclose correct information may affect any claim you make, or the insurance policy being made invalid.
- You accept that the insurance policy and any cover provided by it will not be in place until this questionnaire has been fully verified and agreed by Artsure.

Your Signature	Date
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