

Block Insurance Questionnaire



Proposed Policyholder Name:

Address:
to which information relates

Postcode:

PROPERTY OVERVIEW

Description / Use:

Approximate Year of Build:

Number of Floors:
 (including basement)

Tenant details:
 (If unoccupied, how long for and what are the plans for the property)

SUMS INSURED

Reinstatement Value Annual Rental Amount

ARE THE PREMISES

1. In a good state of repair
2. In an area free from flooding
3. Of Standard Construction
 (i.e. constructed with internal/external walls of brick, stone or concrete and roofed with slate, tiles, concrete or any other non-combustible material)
4. Constructed of any composite insulation, lagging or linings? If so:
 - Rough % of building constructed of composite panelling (what is the lining material or is this unknown?)
5. Built with cladding materials?
 Please specify those materials and confirm the EWS1 rating of the cladding
6. Free of any flat (felted, asphalt, bitumen) roof
7. Free of any signs of subsidence, heave, landslip, movement and not in an area prone to subsidence
8. Listed / Protected Status
9. Occupied solely by the tenant?
 Please specify the main trade activities of the tenant: (*If multi-tenure, please confirm whether all tenants are clerical trades or provide a full list of tenants and their trade activities:
10. Used for manufacturing and if so, what is the trade
11. Used for storage of flammable liquids, gases, oils or hazardous goods stored or just used at the premise?

PROTECTIONS

12. Does the property have any fixed fire protection? i.e. Sprinklers, fire suppression. If so, please provide details
13. Is there an automatic fire alarm? Does this cover the entire premises and what is the method of signalling? i.e. dual path and alarm receiving centre transmission?
14. Please confirm all accessible windows, doors and openings are protected by; shutters, grilles, types of locks
15. Are the premises occupied at night?
16. Is there an intruder alarm? Please provide Make and model, Method of signalling (Bells only or central station? Police response? and whether it is under maintenance contract
17. Date of the last electrical inspection

ADDITIONAL INFORMATION

Please provide additional information when prompted in the above question set

CLAIMS HISTORY

Date of Claim	Description	Total Amount Claimed/Paid
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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