

Household/Let Fact Find Questionnaire



R K S H I P M A N

Proposer Details		
Proposer 1 Full Name:		
Date of Birth:		
Occupation:		
Full Time/Part Time Employment:		
Joint Names (if Applicable):		
Proposer 2 Full Name:		
Date of Birth:		
Occupation:		
Full Time/Part Time Employment:		
Relationship to Main Proposer:		
Number of Adults:	Number of Children:	
Inception Date		
Date:		
Risk Address		
Address:		
Risk Details		
Type of Property (E.g. Semi, Detached, Flat, Bungalow):		
Year Built:		Listed Property (Grade):
Extended? – If so, what year?	Yes / No	Year:
Construction of Walls:		
Construction of Roof:		
Number of Bedrooms:		
Number of Floors/Storys:		
Attic Conversion:	Yes / No	

Continued...			
Is the property free from:	Storm/Flood: Yes / No	Subsidence: Yes / No	Heave: Yes / No
Has the property ever been:	Underpinned: Yes / No	Repaired: Yes / No	Monitored: Yes / No
Trees/Shrubs over 3m tall with 7 metres:	Yes / No	Details:	
Property in good state of repair:	Yes / No		
Near River/Quarry:	Yes / No	Metres (Approx.):	
Ownership			
Is the property (Please circle):	Owned Outright		
Mortgaged	Rented		
Unoccupied	Let (Please also complete Let Section on page 4)		
Other (Details):			
Business Use			
Is the property used for business purposes:	Yes / No		
Type of Business:			
Business Visitors/Number:	Yes / No	Number of visitors per month:	
Security			
Is the property fitted with an intruder alarm?	Yes / No		
Type (e.g. Bells only, Central Station):			
Installed and maintained by NACOSS approved Company?	Yes / No		
Details:			
Is the property fitted with approved locks on the final exit doors (BS3621)?	Yes / No		
Is the property fitted with approved key operated locks to all windows?	Yes / No		
Is the property fitted with approved locks on other doors (BS3621)?	Yes / No		
Smoke Alarm: Yes / No	Neighbourhood Watch: Yes / No		
Safe Installed: Yes / No	Details:		
Sums Insured			
Buildings Sum Insured:	£	Accident Damage Required: Yes / No	
Contents Sum Insured:	£	Accident Damage Required: Yes / No	
Pedal Cycles: £	Valuables: £	Personal possessions: £	

Claims History

Number of claims in the last 5 years:

No claims discount: (years)

Details of claim(s):

Personal History

Have you or anyone normally living with you had any:

Insurance Declined: Yes / No

Convictions: Yes / No

Bankruptcy: Yes / No

If, yes please provide further details:

Additional Information:

(For example if a holiday home, occupancy details, or details of specified items to be included etc.)

Correspondence Address:
(If different to risk address)

Contact Number:

Email Address:

Let Properties Only

Type of Tenancy:
(e.g. Professional Let, Student Let, HMO, DDS)

Number of occupants:

Length of Tenancy agreement:

Is there more than one tenancy agreement for the property?

Yes / No

If Yes, please provide details: