



**COMMERCIAL INSURANCE  
SUBSIDENCE QUESTIONNAIRE**

ADDITIONAL INFORMATION

|                |
|----------------|
| Agent.....     |
| Agency No..... |

Please complete and return this form to your Broker/Agent as soon as possible.

Policy No.

**Please complete the questions or statements requested in this form carefully**

|                                       |          |
|---------------------------------------|----------|
| Name of Proposer                      |          |
| Address of the property to be insured |          |
|                                       | Postcode |
| Business                              |          |

**Please complete the boxes 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, the answers given are accurate and true.  
I/we have not deliberately suppressed, omitted, misrepresented or mis-stated any material fact.**

Signature of Proposer(s) Insured:  Date: