

Helmshgate

Waste & Recycling Subsidence Questionnaire

Full name of proposer

Registered address and post code

Business Description

1. Please provide a full description of your trade / business (including all processes undertaken)

Subsidence

Please note: Subsidence cover is only available if the following have fully completed and confirmed as being accepted by ourselves.

- | | | |
|--|-----|----|
| i) Has a structural survey of the building been done? if Yes please provide the report | Yes | No |
| ii) Is the building in the vicinity of underground workings (actual or proposed) or watercourse? | Yes | No |
| iii) Is the building constructed on made-up ground or an infill site? | Yes | No |
| iv) Have there been any incidents of subsidence, heave or landslip at or in the vicinity of the buildings? | Yes | No |
| v) Are there any viable signs at the building of movement damage or repair? | Yes | No |
| vi) Has the building been underpinned? | Yes | No |

If you have answered "Yes" to any of questions i-vi, please provide details below

vii. Are there any trees over 5m (16ft) within 25m (80ft) of the building? if yes please provide the following in respect of each tree

Species of the tree

Distance of the tree from the property

Height of the tree

Whose responsibility is it to maintain the tree

Declaration:

I/We declare that:

- I/We am/are authorised by each of the applicant(s) to sign this Proposal
- The statements in this Proposal are true and complete and no material information has been withheld
- I/We have diligently made all necessary inquiries in order to comply with the duty of disclosure
- Where I/We have provided information about another individual, that individual has been made aware of that fact and of the Insurer's Privacy Statement
- I/We acknowledge that you rely on the information and representations in this Proposal and otherwise made by me or on my behalf in relation to this insurance
- Except where indicated to the contrary, I/We understand that any statement made in this Proposal will be treated as a statement made by all persons to be insured
- I/We undertake to notify you any material alteration to the information contained in this Proposal prior to inception of the proposed insurance
- I/We understand that no insurance is in place until such time as the Insurer has confirmed acceptance of the proposed insurance

THE UNDERSIGNED HAS READ THE FULL TERMS AND CONDITIONS OF THEIR POLICY, THIS INCLUDES (BUT IS NOT LIMITED TO) THE SCHEDULE, WORDING, CLAUSES AND ANY ADDITIONAL WARRANTIES AND SUBJECTIVITIES THAT HAVE BEEN APPLIED TO THE POLICY. THE UNDERSIGNED AGREES TO ADHERE TO THE FULL TERMS AND CONDITIONS OF THEIR POLICY FOR THE DURATION OF THE CONTRACT.

Name of

Director/Officer/Board member/senior manager:

Signature of

Director/Officer/Board member/senior manager:

Position Held:

For and on behalf of:

Date

Please note: **unless dated this Proposal Form will not be valid.**

Signing this Proposal Form does not bind the Proposer to enter into a contract of insurance. It is agreed that underwriters are authorised to make investigation and inquiry in connection with this Proposal Form or any Questionnaire that they deem necessary.
