

HOME CONSTRUCTION QUESTIONNAIRE

! Please complete all sections

Broker name

Broker contact telephone number

Broker contact email

Insured's name and policy number

Address undergoing works

Insured's or site manager's phone number

Name and address of contractor

Number of years contractor has been trading

PL cover insurer

PL cover policy number

PL cover limit of indemnity

Copy of contractors insurances included?

☐ Yes ☐ No

Start date of works

Estimated completion date

Contract works value

Full description of works to be carried out

Is a schedule of works attached?

☐ Yes ☐ No

Do the works include application of heat?

☐ Yes ☐ No

If yes, please provide full details

Insurance provided by



Is there a contract in force?

☐ Yes ☐ No

If yes, do any clauses require insurance in joint names? Please give details

Is there a contractor All Risks policy covering the works?

☐ Yes ☐ No

Insurer

Policy number

Will the client continue to reside at the property?

☐ Yes ☐ No

If unoccupied, who will inspect the property and how often?

Please detail the fire protection during the works.

Will the contents remain at the property throughout the works

If part or all of the contents are being moved out of the home, please provide the address of the new location

Please detail fire and security protections that will be operating during the works

Burglar alarm

☐ Central station ☐ Bells only

Fire alarm

☐ Central station ☐ Bells only

Site security guard

☐ Yes ☐ No

Alarmed scaffolding

☐ Yes ☐ No

CCTV

☐ Yes ☐ No

Locked and secure site

☐ Yes ☐ No

Any other security (please detail)

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