

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	

nsurance provided by



Is there a JCT contract in force?	Yes No	
If yes, which JCT contract is applicable and which insurance clauses have been chosen?		
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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