

HOME FLOOD QUESTIONNAIRE

| Please complete all sections | | | | |
|--|-----|----|---------|--------|
| Name of insured | | | | |
| Policy / quote number | | | | |
| Risk address including postcode | | | | |
| Please respond to all questions below | | | | |
| In what year was the home built? | | | | |
| How long have you owned the home? | | | years / | months |
| Is there any history of flooding to the home / outbuildings / gardens / grounds? | Yes | No | | |
| Does the home have basements, cellars, lower ground floors or any part of the house that is partly or entirely below ground level? | Yes | No | | |
| Are any access points to the main sewers located internally in the home? | Yes | No | | |
| If yes | | | | |
| Provide full details of any water losses including date of incident and cost of repairs | | | | |
| Are the contents of the basement elevated and if so how high? | | | | |
| Do you have a non return valve fitted? | | | | |
| Is there a non return valve fitted to every drainage outlet, i.e. sink, lavatory etc? | | | | |
| Does the basement have any sump pumps and if so how many and what is their capacity? | | | | |
| What measures been taken to waterproof the basement? E.g. membranes, waterproof walling or impermeable underground barriers | | | | |

Insurance provided by



| Are flood protections regularly maintained? If so, how often? (Please list each type of protection individually) | | |
|--|-----|----|
| Approximately how close is your home to a nearest river / sea / water course? | | |
| Approximately how high is your home above the nearest river / sea / water course? | | |
| To your knowledge, have any properties in the vicinity been affected by flood damage? | Yes | No |
| Are you aware of any flood defences that have been installed to protect properties in the vicinity of your home? | Yes | No |
| Have flood defences specific to your property been installed? | Yes | No |
| Is your home sited on a different elevation to surrounding properties? | Yes | No |
| Please provide full details if you have answered yes to any questions above | | |
| | | |
| | | |
| Signature of insured | | |
| Print name | | |
| Date | | |

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