

Unoccupied Dwellings Questionnaire

Name of Insured :

Policy Number :

Renewal Date :

Address of Property Insured: _____

Postcode: _____

Note: "Unoccupied" is defined as:

- When the home is insufficiently furnished for normal occupation for more than 14 days; or
- Furnished but not used to provide overnight accommodation for YOU or any visitor with YOUR permission for more than 60 consecutive days.

1. Do you have any other policies with Islands Insurance? YES / NO
If 'Yes' state their policy numbers _____

2. When did the property become unoccupied? (DD/MM/YY) _____

3. Why is the property unoccupied? _____
(e.g. awaiting sale, being refurbished or renovated, holiday home).
If being refurbished or renovated complete the Minor Works Questionnaire instead.

4. How long, in weeks or months, do you expect it to remain Unoccupied?

5. How is the property normally occupied?

- A. By you and/or your family? YES / NO
 B. By tenants on a minimum six months tenancy? YES / NO
 C. Neither of the above, then please give details

6. Is the property in a good state of repair and will it be so maintained? YES / NO

7. How is the property secured?

8. Is the property protected by an intruder alarm? YES / NO

9. How often is the property inspected (internally & externally), and by whom?

_____ (e.g. daily, weekly)

_____ (e.g. by you, a neighbour, or property agent)

10. Are the main services (water, electricity and gas) turned off? YES / NO

If the services are on during the period 1st November to 31st March, is the central heating left on and a minimum temperature of 10 degrees maintained at all times?

YES / NO

11. Has this property or property in the neighbourhood ever been flooded? YES / NO

12. Give details of surrounding Property? _____
(type, proximity and if regularly occupied)

13. As far as you are aware have any neighbours properties suffered loss or damage by theft, malicious damage or vandalism in the last three years? YES / NO

If you have ticked a shaded box, please give full details together with any additional information affecting the risk that you think may be relevant to us.

Declaration

Please read the following declaration and sign in the box below to agree to the terms of this declaration: To the best of my belief and knowledge, the information I have provided in connection with this Unoccupied Dwelling Questionnaire is true, accurate and complete and I have not withheld or altered any material facts. I agree and acknowledge that knowingly or recklessly providing my insurer with information which is false or misleading, or any failure on my part to inform my insurer of any material facts will entitle my insurer to void my Home Insurance Policy.

For the avoidance of doubt, a material fact is one likely to influence my insurer's assessment or acceptance of this Unoccupied Dwelling Questionnaire. If you are unsure as to whether a fact is material or not, you should disclose it in the additional information section above.

I agree that the Unoccupied Dwelling Questionnaire, the terms contained within it and any information provided in connection with it will be incorporated into my Home Insurance Policy and will be relied upon by my insurer in deciding whether or not to accept this insurance.

Signature of policyholder _____

Date _____