

# UNOCCUPIED BUILDINGS QUESTIONNAIRE

### 1. General Details

1.1	Name of Policyholder
1.2	Policy Number
1.3	Address of Property to be insured (including postcode)
1.4	How Long have you owned the premises?
1.5	How long have the premises been unoccupied so far?
1.6	Will this be short or long term?
1.7	What percentage of the premises is unoccupied?
1.8	For what purpose was the building used prior to becoming unoccupied?
1.9	For what purpose was the property originally built? E.g. House/Office/Retail?
1.10	Has the property suffered any loss or damage in the last 5 years? If yes please provide details
1.11	Has there been any unauthorised access to the building, or incidents of damage or attempted damage or trespass? If so, please provide details below:

### 2. Construction

2.1	What is the age of the property?
2.2	Provide details of the construction of the:
(a)	External Walls
(b)	Poof (if any parts are flat reafed places provide % of reaf area and type a g subgraid)
(b)	Roof (if any parts are flat roofed please provide % of roof area and type e.g. ruberoid)
(c)	Floors

2.3	Please indicate the:
(a)	the general condition of the property
	Excellent
	Good
	Fair
	Poor
	Very Poor
(b)	the condition of the roof and guttering
	Excellent
	Good
	Fair
	Poor
	Very Poor
(c)	the condition of all water pipes and tanks
	Excellent
	Good
	Fair
	Poor
	Very Poor
2.4	Is the property water tight?
	Yes
	No

## 3. Future Plans

3.1	What are your future plans for the property? E.g. are tenants being sought or is the property to be sold?			
3.2	Has planning permission been applied for/received?			
	Yes			
	No			
	If 'Yes', please provide details:			
3.3	If work is to carried out on the property -			
(a)	Provide details of all work to be undertaken			
(b)	When is the work expected to start/finish?			
(c)	Value of Contract (if available)?			
(d)	Will there be any use of heat?			
	Yes			
	No			
3.4	How long after the completion of the works until expected occupation?			

/		υ	700	^	^	•	11	1	n	•
-	٠.			т.	U.	7	ш	ш.	,,,	

4.1	Are utilities turned off where appropriate and water systems drained down?
4.2	Does the property have a functioning sprinkler system/fire alarm system?
4.3	Where power/water are required for sprinklers/alarms/heating, are only the essential supplies
	connected, with all other supplies/circuits turned off/drained down?
4.4	Is the property regularly inspected both internally and externally?
	Yes
	No
(a)	What is the frequency of inspections? (e.g. daily/weekly)
(b)	Who inspects the property?
(c)	What is the extent of the inspection?
(d)	Are all defects found rectified promptly**?
(e)	Adequate physical protections to doors/windows i.e. windows boarded up
(f)	Has waste been removed internally and externally?
(g)	Have fuel supplies been removed (oil/gas tanks emptied/drained &/or secured)?
(h)	Have all gas bottles/cylinders (empty or full) been removed

#### \*\* NB COMPLIANCE WITH THIS WILL BE A CONDITION OF COVER

Other Comments/Additional Information		

I/We have read, or have had read to me/us the contents of this completed Unoccupied Buildings Questionnaire together with any associated notes and I/We declare that the information given is, to the best of my/our knowledge and belief, correct and I/We have not withheld any material facts.

(Failure to disclose all material facts could invalidate the policy. A material fact is one which is likely to influence an insurer in the acceptance and assessment of the risk to be insured or the terms on which it is accepted. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer. If any changes in circumstances arise during the period of insurance cover please provide your insurer with details)

I/We acknowledge that the information given in this questionnaire forms part of my/our application for cover and that cover will not be provided unless and until confirmation has been given by or on behalf of the insurer.

Name:	Position:
Signed:	Date: