

Subsidence and Landslip Questionnaire

Please use **BLOCK LETTERS** and tick box where appropriate

Client Details

Policy Number

Name of Proposer

Address of Property

Postcode

Age of Buildings (years)

Date of ownership/occupation by you

- | | | | |
|-----------|--|------------------------------|-----------------------------|
| 1 | Do the buildings at the above address, neighbouring properties or properties in the surrounding areas show any evidence of damage by subsidence, heave or landslip? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | Have the buildings been erected on made-up ground, e.g. filled pits, rubbish tips? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3 | Has your premises been altered or extended (e.g. conversions, extensions, conservatories) | | |
| | a) in the last 10 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | b) over 10 years ago? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4 | a) Are there any trees or shrubs over 5 metres (15 feet) high within 5 metres (15 feet) of the buildings or any outbuildings (including trees on pavements and neighbouring properties)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | b) Have any trees within 5 metres of the building or any outbuildings been either removed or undergone pollarding/tree surgery within the last 3 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5 | Has your property suffered any distortion, settlement or cracks wider than 5mm? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6 | a) Has the premises had any problems with the drainage system? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | b) Has a drainage system inspection been undertaken? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7 | Is your property built on a slope? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8 | Is your property built in a mining area? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9 | Are there any excavations near to your property (e.g. motorway or railway cutting, quarry, gravel pit, major civil engineering works)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10 | Has any Insurer declined a proposal, cancelled or refused to renew a policy or increased the premium or required special terms or conditions in respect of the risks of subsidence, heave and landslip proposed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11 | For buildings built after 1990 | | |
| | a) Did a consulting engineer report on the soil conditions prior to construction of the buildings or any extension to them? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | b) Please attach a copy of this report | | |
| | c) Were the foundations of the building constructed in accordance with the methods recommended in the report? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

For all questions answered "Yes" please give full details (attach a further sheet if required)



Data Protection Notification

We may use the personal and business details you have given us or which are supplied by third parties including any details of directors, officers, partners and employees to provide you with a quotation; deal with your policy; to search credit reference agencies who may keep a record of the search; to share with other insurance organisations to help offset risks, to help administer your policy and to handle claims and prevent fraud; to support the development of our business by including your details in customer surveys, and for market research and compliance business reviews which may be carried out by third parties acting on our behalf. You agreed when you applied for the policy that your directors, officers, partners, and employees have consented to our using their details in this way. We may need to collect data relating to Insured Persons, which under the Data Protection Act is defined as sensitive (such as medical history of Insured Persons) for the purpose of evaluating the risk or administering claims which may occur. By signing this form you consent to such information being processed by us. You must also ensure that you make this fact known to the insured persons and obtain their explicit consent to pass this information to us for these purposes. We may share your details with other companies within the Allianz group of companies or pass them to third parties so that we may tell you by telephone, email or post of products and services which we think may be of interest you. If you do not want to know about these products and services, please write to: Customer Satisfaction Manager, Allianz Insurance plc, 57 Ladymead, Guildford, Surrey, GU1 1DB to let us know. Your details will not be kept for longer than is necessary. Under the Data Protection Act 1998 individuals are entitled to a copy of all the personal information Allianz Insurance plc holds about them. Please contact the Customer Satisfaction Manager at the address above. Personal details may be transferred to countries outside the EEA. They will at all times be held securely and handled with the utmost care in accordance with all principles of English law.

Signature of Proposer

Date