



Change of Address and Security Questionnaire

PROPERTY DETAILS

Broker/Agent

The Insured

Certificate No.

A. PERSONAL DETAILS

Please list all adults normally residing in the dwelling who are included in the insurance:-

Name

Full occupation Details and Nature of Business

2. Are you An Owner? Local Authority Tenant? Private Tenant? Landlord?

B. THE PRIVATE DWELLING

1. Address

2. Type of dwelling: House? Bungalow? Purpose built Self-Contained Flat? Converted Self-Contained Flat?

Detached? Semi Detached? Terraced? No. of floors? No of bedrooms?

If the property is a flat on which floor is it situated?

3. Will the dwelling be:-

a. Regularly left unoccupied (other than for normal working hours and holiday(s)?)	Yes/No
b. Shared, let or sub-let to tenants or paying guests?	Yes/No
c. Used for any business or professional purpose?	Yes/No
d. Mainly used as a weekend or holiday home?	Yes/No

If YES, please give details

4. What is the age (or approximate age) of the dwelling?

5. Are the premises:

a. Built with brick, stone or concrete walls and roofed with slate or tiles?

Yes/No

b. Maintained in good repair and will they be so maintained in the future?

Yes/No

c. Free of any signs which might be due to subsidence, settlement or other abnormal movement?

Yes/No

d. Located in an area which has NOT been subjected to flooding or subsidence in the last 20 years?

Yes/No

If NO, please give details:-

e. Have you obtained a surveyors or structural engineers report on the building?

Yes/No

If YES, a copy of such reports must be attached to this questionnaire.

C. SECURITY DETAILS

1 **External Doors**

Are all such doors fitted with five lever mortise deadlocks conforming to BS 3621?

Yes/No

2 **Windows:**

a. Are all ground floor and easily accessible upper floor windows fitted with key operated security locks?

Yes/No

b. Are patio doors or French windows fitted with key operated security locks or bolts?

Yes/No

If NO, please give details of locks fitted:

3. **Burglar/Intruder Alarm:** is such a system installed

Yes/No

If YES, please answer the following questions OR provide a copy specification to your broker/agent (which will be returned)

a. Manufacturer's name, address and model type/number

b. Does the system comply with BS 4737?

Yes/No

c. When was the system installed?

d. Is it regularly inspected/maintained?

Yes/No

e. Please describe the doors, windows and other areas protected:-

f. Is the system connected to a central station or provided with an automatic '999' dial?

Yes/No

Is the local alarm – Audible?

Yes/No

Silent?

Yes/No

g. Is the system put in full working operation at night?

Yes/No

And whenever the premises are left unattended?

Yes/No

If NO, please give details of protection fitted:-

4. **Safe: Do you have a safe? (or safes)?**

Yes/No

If YES, please answer the following questions OR provide a copy specification to your broker/agent

a. Manufacturer's name, address and model type/number

[Empty text box for manufacturer details]

b. Is it/are they – free standing or under floor or wall safes?

Yes/No

c. What is the age of the safe?

[Empty text box for age of safe]

5. Are you a member of an approved and active Neighbourhood Watch Scheme?

Yes/No

6. Is your home protected by smoke detector equipment?

Yes/No

D. PLEASE INDICATE:-

The date you moved in/will move in to your home

[Empty text box for move-in date]

Whether the present sums insured under your Home Insurance are adequate for your new home?

Yes/No

DECLARATION

I/We declare to the best of my/our knowledge and belief the answers and information given in this form are true, complete and no material fact has been omitted.

(N.B. A material fact is one likely to influence assessment of the risk on the terms of which it is accepted by Underwriters.)
If you are in any doubt as to whether a fact is material or not you must disclose it in the space below.

[Large empty text box for disclosure]

Signature

Date.....