

## HOUSE INSURANCE QUESTIONNAIRE

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth      /      /  
\_\_\_\_\_

Buildings Cover € \_\_\_\_\_

The Property is:    Owner Occupied

Let to a family

Contents Cover € \_\_\_\_\_

Let to a couple

Let to professionals

Let to an individual

Accidental Damage Cover? Yes  No

Holiday home

Renting - Contents Only

Home Type      Apartment

End Terrace House

Semi-Detached

Bungalow

Flat Ground Floor

Terraced

Detached

Ground Floor Apartment

3 or More Storied House

End Terrace Bungalow

Mid Terrace Bungalow

Burglar alarm    No Alarm

Year property built (approx.) \_\_\_\_\_

Alarmed

Monitored Alarm

Number of Bedrooms (Max 5) \_\_\_\_\_

Wall Construction:    Brick

Heating System:    Oil

Brick/Timber Frame

Gas

Concrete

Electric

Stone

Solar/Wind

Roof Construction:    Tile

Solid Fuel

Slate

Woodchip

Concrete

Roof Felt %    0%

Has this property been insured previously? Yes  No

1-20%

If yes, with whom? \_\_\_\_\_

Over 20%

How many years are you claim free? \_\_\_\_\_

**Please complete and return, we will contact you if we require further information**