

Subsidence, Landslip and Heave Questionnaire

Supplement to the Hiscox Home and Contents Proposal Form



Please read the following questions carefully and answer them all providing additional information where required. Please provide answers on a separate sheet of paper if you require more space. If you have any questions, please speak to your insurance agent. Please use CAPITAL LETTERS and BLACK INK.

To the best of your knowledge please answer the following questions.

1. Have any of the buildings to be insured (including main residences or outbuildings or any other buildings):
 - a) any signs of internal or external cracks? Yes No
 If YES, state the width of the size of cracks in the box below:
 - b) suffered any damage as a result of subsidence, landslip or heave? Yes No
 - c) ever been monitored for subsidence or movement? Yes No
2. Have any of the properties to be insured (including main residences, outbuildings and any other buildings) ever been the subject of a survey which mentions subsidence or movement of buildings? Yes No
 If YES, please enclose a copy.
3. Are there any trees or shrubs within 5 metres of any building (whether inside or outside your garden) which are more than 5 metres tall? Yes No
4. Has the structure of any of the buildings been extended within the last 25 years? Yes No
5. Have any of the properties to be insured (including main residences, outbuildings and any other buildings) ever been flooded as a result of broken or damaged drains, or are you aware of any underground drainage problems within the last 5 years? Yes No
6. Has any neighbouring home ever subsided? Yes No

If you ticked any of the shaded boxes above, give full details below:

(continue on separate sheet if necessary)

7. Approximately, what is the year of construction of the buildings?
8. Approximately, what is the year of construction of any extensions?

DECLARATION

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle us to void this insurance.

To avoid any doubt, a material fact is one likely to influence acceptance or assessment of this proposal by us. If you are unsure whether a fact is material or not you should still disclose it in the space below.

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made in it and the information provided in connection with it will be relied upon by us in deciding whether to accept this insurance.

Signature

Date

/ /

You should keep a record (including copies of any letters) of all information supplied to us for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.

You must inform us of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your insurance agent.

By signing this Hiscox Questionnaire you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

The parties are free to choose the law applicable to this insurance contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law. Any enquiry or complaint should be addressed in the first instance to your insurance agent.

If you are not satisfied with the way a complaint has been dealt with you may ask the Ombudsman to review your case without prejudice to your rights in law.

The address is: Financial Ombudsman Services, South Quay Plaza, 183 Marsh Wall, London E14 9SR.
Telephone: 0845 080 1800.

To be completed by the insurance agent:

(a) How long have you known the individuals to be insured?

(b) Do you personally recommend them as suitable for insurance provided by Hiscox? Yes No

(c) Have you discussed the contents of this proposal thoroughly with them? Yes No

(d) What other insurances do you handle for them? For how long have you done so?

Insurance Agent's Signature

Date / /

Insurance Agent's Stamp

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