

HOME CONSTRUCTION QUESTIONNAIRE

! Please complete all sections

Broker name	<input type="text"/>
Broker contact telephone number	<input type="text"/>
Broker contact email	<input type="text"/>
Insured's name and policy number	<input type="text"/>
Address undergoing works	<input type="text"/>
Insured's or site manager's phone number	<input type="text"/>
Name and address of contractor	<input type="text"/>
Number of years contractor has been trading	<input type="text"/>
PL cover insurer	<input type="text"/>
PL cover policy number	<input type="text"/>
PL cover limit of indemnity	<input type="text"/>
Copy of contractors insurances included?	<input type="radio"/> Yes <input type="radio"/> No
Start date of works	<input type="text"/>
Estimated completion date	<input type="text"/>
Contract works value	<input type="text"/>
Full description of works to be carried out	<input type="text"/>
Is a schedule of works attached?	<input type="radio"/> Yes <input type="radio"/> No
Do the works include application of heat?	<input type="radio"/> Yes <input type="radio"/> No
If yes, please provide full details	<input type="text"/>

Insurance provided by



Is there a JCT contract in force?

Yes No

If yes, which JCT contract is applicable and which insurance clauses have been chosen?

Is there a contractor All Risks policy covering the works?

Yes No

Insurer

Policy number

Will the client continue to reside at the property?

Yes No

If unoccupied, who will inspect the property and how often?

Please detail the fire protection during the works.

Will the contents remain at the property throughout the works

If part or all of the contents are being moved out of the home, please provide the address of the new location

Please detail fire and security protections that will be operating during the works

Burglar alarm

Central station Bells only

Fire alarm

Central station Bells only

Site security guard

Yes No

Alarmed scaffolding

Yes No

CCTV

Yes No

Locked and secure site

Yes No

Any other security (please detail)

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