



Flood Questionnaire

CLIENT DETAILS

Insured's name:	Policy number:
<input type="text"/>	<input type="text"/>
Previous Insurer:	
<input type="text"/>	
Risk address:	
<input type="text"/>	
Post code:	
<input type="text"/>	

PROPERTY DETAILS

Please answer all the questions below in relation to the above named property.

1)	When was your house built?	<input type="text"/>
2)	How long have you lived at the property?	<input type="text"/>
3)	Does the property have a previous history of flooding? If Yes, please give details:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text"/>
4)	Do you have a basement that is prone to flooding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5)	To your knowledge, have any neighbouring properties been damaged by flooding? If the answer to questions 3, 4 and/or 5 is YES then please provide supplementary information, on a separate page, as to cause, the nature/extent of damage and any measures taken following the flood loss. We cannot agree to flood cover without full information.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
6)	Approximately how close is your property to a river?	<input type="text"/>
7)	Approximately how high is your property above the river/sea or water course?	<input type="text"/>
8)	Are you aware of any flood devices, or have any defences specific to your property? If Yes, please give details:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text"/>
9)	Is the site of your property of the same elevation as surrounding properties? If No, please give details:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text"/>

Please attach survey reports if one has been obtained and is available to you.

Disclosure: You are reminded of the need to disclose any relevant facts which are likely to affect our assessment of this application for insurance. If you are in any doubt as to what constitutes a material fact, please consult your insurance broker as failure to disclose all relevant facts may invalidate your policy or result in it not operating fully.

Declaration: I declare that the information given in this questionnaire is, to the best of my knowledge and belief, correct and complete and that I have read the note headed "Disclosure". I understand that the insurance for this peril will not be in force until this questionnaire has been returned, verified and accepted by Chubb Insurance Company of Europe SE. I agree that the risk information presented to my broker and this questionnaire shall be the basis of the contract between me and Chubb Insurance Company of Europe SE.

Your signature (online-write name):

Date:

Brokers please **save** the completed Quotation form and email or fax to:

Existing Business: masterpiece-ukexistingbusiness@chubb.com

New Business: masterpiece-uknewbusiness@chubb.com

Fax: 020 7956 5982