



Thatch Questionnaire

Please answer ALL the questions, sign, save and return to your Chubb Broker

Insured's Name: <input type="text"/>	Policy Number: <input type="text"/>
Risk Address: <input type="text"/>	Full Post Code: <input type="text"/>

1.	How long have you lived at the property? <input type="text"/>
2.	Is the current roofing material water reed, long straw or wheat reed? <input type="text"/>
3.	Approximately what percentage of the roof is thatched? <input type="text"/>
4.	When was the roof last inspected by a Thatcher? Please list any recommended remedial work done? <input type="text"/>
5.	When was the roof last re-thatched? <input type="text"/>
6.	When was the roof last re-ridged? <input type="text"/>
7.	Does the netting cover the whole area of thatch or ridge only, and when was this last renewed? <input type="text"/>
8.	Is the roof in good condition? <input type="text"/>
9.	When was the property last re-wired? <input type="text"/>
10.	When was the electrical system last overhauled, tested and inspected by a qualified electrician? <input type="text"/>
11.	What form of heating system is in the property? <input type="text"/>
12.	If open fires are used, how often is the chimney swept? <input type="text"/>
13.	Has the chimney flue been lined? <input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Are fire extinguishers kept at the property and if so where are they situated? <input type="text"/>
15.	Are smoke or heat detectors installed? If so where are they situated? Are they linked to each other and/or to an intruder alarm system? <input type="text"/>

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 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:

Broker's details:

Brokers please email or fax the completed, signed and saved Questionnaire to:

Existing Business: masterpiece-ukexistingbusiness@chubb.com

New Business: masterpiece-uknewbusiness@chubb.com

Fax: 020 7956 5982