# Appendix H Minor Works Questionnaire

Please read the following questions carefully and answer them all before signing this form.

If you tick any shaded boxes, please provide further information. You may wish to provide additional information to this form. If you do not understand how to answer any of the questions, please speak to your insurance broker.

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Policy holders name(s)

Full address of the property where the works are taking place:

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Policy number (if known):

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Buildings sum insured (before the works commence):

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1. The date on which the works start.

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1. The duration of the works contract.

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1. The contract value including VAT.
2. Is there a separate Contractors All Risks policy in place which provides insurance of the works in progress and materials used? Yes  No

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1. What limit of Public Liability insurance is held by your chosen contractors?

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1. What type of works contract has been signed?

If this is a Joint Contracts Tribunal contract (known as a JCT), please tick the relevant contract or edition and clause which has been agreed. **If you don’t know, please check with your contractor, architect or your project manager before signing this form**:

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| **Contract Type** | **Year of Edition** | **Insurance Clauses** |
| Minor Works | 2005  2009 rev.2  2011 | 5.4a  5.4b  5.4c |
| Intermediate | 6.7a  6.7b  6.7c |
| Standard |

1. Details of the works to be undertaken. Please also supply **a schedule of works** if available.

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1. Details of any works which may affect the structure of the property. This could include roof works, underpinning projects and basement excavations.

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1. Have you purchased a Non-negligent Liability Policy (sometimes referred to as a 21.2.1 policy). **If you don’t know, please check with your contractor, architect or your project manager before signing this form**.

Yes No

1. Is the property built of standard construction (i.e. brick or stone walls with a slate or tiled roof)?

Yes  No

If No, please give details of the construction.

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1. Will your contractor undertake any works which involve the use and application of heat? This may relate to roofing works or plumbing. **If you don’t know, please check with your contractor, architect or your project manager before signing this form**.

Yes No

If Yes, please provide further details of where the hot works will be undertaken, and confirm that your contractor holds a Hot Works Permit.

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1. What is the distance to the nearest occupied property from the home which is being worked on?

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1. Will the home be occupied for the duration of the works contract? Yes No

If No, please confirm who will be responsible for securing the property at the end of each day.

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1. Do you require insurance for any contents (including furniture, carpets, curtains, white goods) which will be left in the property during the works contract?

Yes  No

If Yes, please confirm what security measures will be in place and where such items will be stored.

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1. Once the works are completed, do you intend to occupy the property as your main home?

Yes No

If No, please confirm your intentions for the property; e.g. is it to be sold, let to others or used as a second or holiday home.

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**Information you have given us**

We have relied on the information you have given us. You must take care when answering any questions we ask by ensuring that all information provided is accurate and complete.

If we establish that you deliberately or recklessly provided us with false or misleading information we will treat this insurance as if it never existed and decline all claims.

If we establish that you carelessly provided us with false or misleading information it could adversely affect your insurance and any claim. For example we may:

* treat this insurance as if it had never existed and refuse to pay all claims and return the premium paid. We will only do this if we provided you with insurance cover which we would not otherwise have offered; or
* amend the terms of your insurance. We may apply these amended terms as if they were in place from the start; or
* reduce the amount we pay on a claim in the proportion the premium you have paid bears to the premium we would have charged you; or
* cancel your insurance in accordance with “Other Important Information – How to cancel this insurance” found within your policy wording.

We or your broker will write to you if we:

* intend to treat this insurance as if it never existed; or
* need to amend the terms of your insurance; or
* require you to pay more for your insurance.

**Data Protection Notice**

Information you provide to us may contain personal information as defined under the Data Protections Act. By providing this information, you consent to the processing of your personal information by Markham Private Clients and affiliated companies. You should be aware that some of these organisations may be located outside the European Economic Area. Please be assured Markham Private Clients has taken appropriate steps to safeguard your information according to relevant data privacy laws. Please contact Markham Private Clients, emailing the [info@markhambrokers.com](mailto:info@markhambrokers.com), if you require further information on measures undertaken to protect your data. An explanation detailing how Markham Private Clients uses your information can be found within the Privacy Notice on policy wordings.

**Declaration**

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| I / We declare that to the best of my / our knowledge and belief the information I / we have provided in connection with this questionnaire, whether in my / our own hand or not, is true and complete and I / we have not withheld or misrepresented any information.  I / We ask Markham Private Clients to act upon the information provided and issue a contract of insurance between us and I / we agree to accept Markham Private Client’s policy terms, conditions and exclusions.  I / We consent to the seeking of information from other insurers to check the answers I / we have provided and I / we authorise the giving of such information for such purposes.  I / We understand that if I / we have withheld or misrepresented any of the information contained in this proposal, Markham Private Clients may be entitled to void the insurance**.** |

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| Signature(s) | Date | Click here to enter a date. |