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

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.

Policyholder(s) name(s)

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Full address of the land to be insured

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|       |

Policy number

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1. What is the approximate total acreage of the land to be insured?

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1. What is the precise use of the land to be insured?

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1. Please provide details of any public footpaths or other public rights of way which pass over or run adjacent to the land to be insured.

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1. Approximately how many people, other than you, use the land on a daily basis?

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1. Is the land adequately fenced to limit unauthorised access and/or the straying of any contained grazing animals?

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1. Please confirm if there are any hazards, manmade or natural, on the land which could pose a risk of injury (e.g. ponds, lakes, rivers, bodies of water, derelict buildings, mines etc.).

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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, 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**        **Date** Click here to enter a date.  |