

# Basement and swimming pools questionnaire

Name of Policyholder

Policy Number

## Basements

1 Have you undertaken any projects that included basements?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to question 1, please answer the following questions;

a Was all the work undertaken incidental to the main contract?

<input type="checkbox"/>	<input type="checkbox"/>
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b Have you undertaken work on basements in isolation?

<input type="checkbox"/>	<input type="checkbox"/>
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c Please give details of the projects you have undertaken;

Year project completed	Total Contract Value to you	Total Project/ Building Value	Type of property & Location	What services did you provide?	Type of basement (including storeys)	Has the project been completed on time and within budget?

d Where you use sub-contractors, do you ensure and check that they hold professional indemnity insurance for the services provided to you?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

e Have you made any insurance notifications or claims in respect of any work undertaken in relation to basements?

<input type="checkbox"/>	<input type="checkbox"/>
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## Swimming Pools

1 Have you undertaken any projects that included swimming pools?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to question 1, please answer the following questions;

a Was all the work undertaken incidental to the main contract?

<input type="checkbox"/>	<input type="checkbox"/>
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b Have you undertaken work on swimming pools in isolation?

<input type="checkbox"/>	<input type="checkbox"/>
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c Please give details of the projects you have undertaken;

Year project completed	Total Contract Value to you	Total Project/ Building Value	Type of property & Location	What services did you provide?	Has the project been completed on time and within budget?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

d Where you use sub-contractors, do you ensure and check that they hold professional indemnity insurance for the services provided to you?

e Have you made any insurance notifications or claims in respect of any work undertaken in relation to swimming pools?

<input type="checkbox"/>	<input type="checkbox"/>
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Signature of Partner/Director/Principal

Name of Policyholder

Date