

Minor Works Questionnaire



Please enclose with questionnaire, when requested, a schedule of works

Policyholder:		Policy/Certificate Number:	
Address of property undergoing works:		Period of contract:	Contract Value: £0.00
Commencement date:		Expected completion date:	
Name of and contact number of Main Contractor			
Have the contractors sufficient liability insurance to cover the sums insured for all sections of the policy (including the value of any proposed works)? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Notes:			
Is there any structural work? YES <input type="checkbox"/> NO <input type="checkbox"/> (If 'Yes', please provide full details particularly for roof work and underpinning projects):			
Any use of heat? YES <input type="checkbox"/> NO <input type="checkbox"/> (If 'Yes' please define):			
Existing structure sum insured	£0.00	Contract conditions (e.g. JCT Minor Works 6.3B):	
Where is the nearest occupied house in relation to the site/home?			
What is the general condition of the existing structure?			
Will you be living in the home during the works? YES <input type="checkbox"/> NO <input type="checkbox"/> If 'No' who is responsible for securing the site each day? How often is it intended that the policyholder or person acting on their behalf (not contractor) visit the site?			
When the works are completed, what are your intentions for the property?			