



Security Questionnaire

Full Name:

Insured address:

1. Are the external doors fitted with 5 lever mortice deadlocks?

YES:

NO:

If **NO**, please state type of locks in use:

2. Are all ground floor & accessible windows fitted with key operated window locks?

YES:

NO:

If **NO**, please state type of locks in use and whether they are protected by metal bars, grilles, or collapsible gates:

3. Are any upstairs windows or doors reasonably accessible from outside via balconies or flat roofs?

YES:

NO:

If **YES**, please state what protections are fitted:

4. Are there any other methods of entry such as coal chutes?

YES:

NO:

If **YES**, please state what protections are fitted:

5. Is the property regularly left unattended either by day or night, other than holiday periods?

YES:

NO:

If **YES**, please provide details:

7. Are you a member of a Neighbourhood Watch Scheme?

YES:

NO:

If you have ticked any of the shaded boxes above, please give full details below:

8. Do you have a burglar alarm installed?

YES: NO:

If YES, please provide the following details:

- Was the alarm installed by an NSI or SSAIB accredited installer?
- Is the alarm maintained under contract with the installing company?
- Does it activate bells or sirens?
- Is the alarm connected to a central monitoring station?
- Does the alarm have a BT Red Care connection?

YES: NO:

YES: NO:

YES: NO:

YES: NO:

YES: NO:

9. Is there a safe installed?

YES: NO:

a) If YES, please tick the appropriate box:

i) Wall:

ii) Floor:

iii) Free Standing:

b) Please advise the following:

Make:

Model:

Age:

DECLARATION: To the best of my/our knowledge and belief the information provided, whether in my own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters: If you are in any doubt as to whether a fact is material or not you must disclose it in the space below (continue on a separate sheet if necessary)

This questionnaire and the information provided in connection therewith contain statements upon which Underwriters will rely on when deciding to accept this insurance.

Signature:

Date:

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