

Safe Identification

QUESTIONNAIRE

This form can be completed online. Simply type the information into the fields below, save to your computer and then email to us as an attachment. Forms can also be printed and sent to: Home & Legacy, Witan Gate House, 500-600 Witan Gate West, Milton Keynes MK9 1GB.

We need as much information as possible to assist us to identify your safe.

Full Name

Policy Number/Contact Reference

Type of Safe

1 Is the safe:

Freestanding

Underfloor

Wall Safe

Security Cabinet

Fire Cabinet

Fire File

Data Safe

If none of these, please give details

a) Maker's Name

b) Model

c) Serial Numbers/Letters

2 Is the serial number stamped on:

Top Hinge

Bottom Hinge

Above the Door

Top of the Door Plate

The Edge of the Door

The Top Bolt

Middle Bolt

Bottom Bolt

If none of these, please give details

3 If the serial number is Dymo-taped on, is this on the:

Rear of the Safe

Face of the Door

Inside of the Door

Elsewhere

If Elsewhere, give details:

4 If the serial number is on a metal plate, is this:

Inside the door

Elsewhere

If Elsewhere, give details

Maker's name plate

5 Is this made of:

Brass

White Metal

If Other, give details

a) What shape is it?

Square

Rectangular

Round

Oval

If none of these, please give details

b) Is the name set into or engraved into the handle?

Yes

No

c) Has the name plate been removed?

Yes

No*

*If a mark has been left on the paintwork, please indicate its shape.

If on the back of the doorplate and there are any numbers, certificates, model etc, please detail

Locking

6 Is this:

Single Keylock

Two Keylocks

Double Bitted Keys

Detachable Bit

Cylinder Keylock

Combination Lock

Key & Combination

Dial Check Lock

Blinder Shield

Dual Locking

Digital Locking

If none of these, please give details

Escutcheon plate (keyhole cover)

7 Is this:

Brass

White Metal

Square/Rectangular

Round/Oval

If there are details such as a name, numbers or any other text please provide details

Has the Escutcheon been removed?

Yes

No

If Yes and it has left a mark, please indicate its shape.

Boltwork

8 Are the bolts:

Round

Rectangular

Hook Bolts

Do they move:

1 Way

2 Ways

3 Ways

4 Ways

Hinges

9 Are they: Exposed Concealed Full Length Covered

If the shape of the hinges is in any way unusual, please indicate the shape.

Bolt thrower handle

10 Is this: Round Brass White Metal Painted/Coated
 Rectangular Disc Spoked

Body type

11 Is this: 4 Corner Bent 4 Corner Banded 8 Corner Bent
 12 Corner Bent Square Cornered Square Corner Banded
 Pillar Banded Modern Construction Don't Know

If none of these, please give details

Door type

12 Is this: Single Plate Door with Lock Case Fixing Single Plate Door with Angle-Iron Lockcase
 Modern Cast Door Don't Know

If none of these, please give details

Dimensions

13 Please indicate if the measurement is in: inches (in) millimetres (mm)

Exterior High Wide Deep

Interior High Wide Deep

Door Thickness

Position and security

14 Is the safe

a) fitted in accordance with the manufacturer's specification? Yes No

b) bolted into position (ie to the fabric of the house not into a cupboard/wardrobe etc)? Yes No

c) situated within an alarm protected area? Yes No

d) covered by a PIR sensor or fitted with a limpet device? Yes No

If possible, please also provide photograph(s) of the safe with your completed form, including any name plates, serial numbers, locks and hinges.

Additional information

Please include here any other information you have that may assist us in identifying the type of safe and its cash rating.

Important information

Data Protection

You can find out how personal information provided to us will be used in our 'Privacy Notice' at homeandlegacy.co.uk.

Declaration

When you send us your completed form you are declaring that the information given is accurate and complete and that to the best of your knowledge no relevant information has been withheld or omitted. You accept and understand that providing false information is fraud and can have the following consequences: non-payment of claims, policy cancellation, difficulty in obtaining insurance in the future or significant extra cost in doing so.

If there is anything that you do not understand please contact Home & Legacy.

Signature

Name

Date

Please tick, if you are an Agent completing on behalf of your client.

Print

Save

Submit

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