

**VACANCY AND UNOCCUPANCY APPLICATION**

This questionnaire is to be completed by the broker for vacant building risks. Front and back photos of the building will be required within 15 days of binding.

**1. General Information**

Name of Insured: \_\_\_\_\_  
 Insured Mailing Address: \_\_\_\_\_  
 Insured Location Address: \_\_\_\_\_  
 Broker Name: \_\_\_\_\_

**2. Property Details**

- a) Is the property
  - Vacant (when building has no furnishings at all (i.e. entirely empty))
  - Unoccupied (when building has all its furnishings (i.e. furniture, lamps, etc.))
- b) Has it ever been vacant or unoccupied before?  Yes  No
- c) How long has it been vacant/unoccupied? \_\_\_\_\_
- d) How long is it expected to be vacant/unoccupied? \_\_\_\_\_
- e) Is it up for sale?  Yes  No
- f) Why is it vacant/unoccupied? \_\_\_\_\_
- g) Has electricity been disconnected?  Yes  No
- h) Are the doors and windows securely closed and locked?  Yes  No
- i) Is all rubbish removed from the building premises?  Yes  No
- j) Is the grass cut (in summer) and the walkways cleared of snow (in winter)?  Yes  No
- k) Are the adjacent buildings vacant or unoccupied?  Yes  No
- l) How far is the building from the nearest occupied building? \_\_\_\_\_
- m) Is anyone making regular rounds of the premise?  Yes  No
  - I. Who? \_\_\_\_\_
  - II. How often? \_\_\_\_\_
- n) Is the insured known to you?  Yes  No
  - I. How long? \_\_\_\_\_
- o) What is the general physical condition of the property? (include comments re any detached shed/garage)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. Dwelling Building**

Year built: \_\_\_\_\_ Sq. Ft.: \_\_\_\_\_ # of Stories: \_\_\_\_\_

Construction:  
 Walls: \_\_\_\_\_ Roof: \_\_\_\_\_ Floors: \_\_\_\_\_  
 Basement: \_\_\_\_\_

Building renovations if older than 25 years (indicate of full or partial updates) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. Insurance History**

Prior/Current Insurer: \_\_\_\_\_ Insured Since: \_\_\_\_\_  
 Current Broker: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Premium: \_\_\_\_\_

Has the insured been refused or cancelled by any insurance company?  Yes  No

**5. Claims History**

Has the insured had any claims on this property in the last 5 years?

Yes  No

If yes, please provide details below

Date of Claim	Settlement	Pending	Description

**6. Fire Protection**

Protected                       Semi-Protected                       Unprotected  
Fire Hydrant                       Yes     No                      Feet \_\_\_\_\_  
Fire Station                      \_\_\_\_\_                      KM                      \_\_\_\_\_

**7. Requested Coverage**

<u>Property:</u>	<u>Deductible:</u>	<u>Limit:</u>
Buildings	_____	_____
Detached Garage	_____	_____
Outbuildings	_____	_____
Equipment & Contents	_____	_____
Liability	_____	_____
Other	_____	_____

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

**NOTICE TO APPLICANT – PLEASE READ CAREFULLY**

The applicant declares that the statements and information set forth in this Application and in any attachments made hereto are true and no material facts have been suppressed or misstated.

The applicant agrees that the Insurance Company or its designee may make such inquiries with respect to the proposed insurance as are deemed necessary by the Insurance Company. The Insurance Company reserves the right to amend the terms, conditions and limitations of any policy issued as a result of this Application if subsequent to the date of this Application, but prior to the inception date of such policy, if there are any material changes to the information contained herein. In the event of such material changed as aforesaid, the applicant agrees to give immediate written notice to the Insurance Company and the former insurer and such notice shall attach to and form part of this Application.

Signing this Application does not bind the applicant to the Insurance Company to complete the insurance, but is agreed that the statements and particulars contained in this Application will be relied upon by the Insurance Company should a policy be issued, and, in such case, the Application shall form a part of the policy.

**Privacy Disclosure and Consent**

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Brokerage Name:** \_\_\_\_\_

**Broker's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_