

VACANCY QUESTIONNAIRE

APPLICANT(S) INFORMATION		
Name of Applicant(s):		
Risk Location Address: Phone:		
Broker:		
Policy Number:		
UNDERWRITING INFORMATION		
Current Status: <input type="checkbox"/> To Be Sold <input type="checkbox"/> Will Be Owner Occupied <input type="checkbox"/> Owner Temporarily Relocated <input type="checkbox"/> Will Be Rented <input type="checkbox"/> Dwelling in Estate <input type="checkbox"/> Other (describe):		
Measures have been taken to maintain the property/grounds & prevent the dwelling from looking unoccupied: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Property is being maintained in a usable and saleable condition at all times (i.e., no boarded-up windows, lawn cutting): <input type="checkbox"/> Yes <input type="checkbox"/> No		
A competent person is entering and inspecting the property daily: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, by whom:		If no, please comment:
Home is equipped with an alarm system: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Local Alarm: <input type="checkbox"/> Fire <input type="checkbox"/> Burglary <input type="checkbox"/> Fire and Burglary <input type="checkbox"/> Not Applicable		
Monitored Alarm: <input type="checkbox"/> Fire <input type="checkbox"/> Burglary <input type="checkbox"/> Fire and Burglary <input type="checkbox"/> Not Applicable		
Dwelling is slated for demolition: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dwelling contains Personal Property: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Property is undergoing renovations: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide details on the extent of the renovations:
VACANCY INFORMATION		
Anticipated dates of Vacancy	Start Date:	End Date:
Please advise who has access to the property:		
Utilities being left in service during the vacancy/un-occupancy period		
Heating: <input type="checkbox"/> Yes <input type="checkbox"/> No		Electrical: <input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing: <input type="checkbox"/> Yes <input type="checkbox"/> No		Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other, please describe:		

Name of person providing Information:	Date information provided:
Broker Signature:	Date Signed: