

VACANT RISK APPLICATION

Unoccupied for over 30 days



BROKER: _____ **DATE:** _____

APPLICANT

Insured's name:

Mailing address:

VACANCY

Location address:

Year purchased:

Date property became vacant:

Reason for vacancy:

Estimated duration of vacancy:

Anticipated future of the building:

Has any portion of the building been remediated (due to mould, asbestos, grow ops etc.) in the past five years*?

☐ YES ☐ NO

If yes to above question, please provide details:

*proof of remediation may be required

LOCATION DETAILS

Mortgagee name and address:

Year built:

Construction:

Total Area:

(sq. ft)

Is this a heritage building?

☐ YES ☐ NO

Number of stories:

Basement:

☐ YES ☐ NO

Type of building: ☐ Residential Dwelling ☐ Commercial ☐ Other:

Electrical:

If other, please describe:

Amperage:

If other, please describe:

Electrical System:

Electrical system year updated:

Plumbing type:

Plumbing year updated:

Heating:

If other, please describe:

Type of fuel:

If other, please describe:

Auxiliary heating type:

Heating year updated:

*additional questionnaire and photos required prior to binding

Roof type:

Roof year updated:

PROTECTION

Burglar alarm: ☐ None ☐ Local ☐ Monitored ☐ ULC approved

Are outside doors and windows fully secured and locked?

☐ YES ☐ NO

How often is the property checked/inspected?

Who is responsible for the regular supervision and maintenance of the premises?

Is the property easily viewed from the road? ☐ YES ☐ NO Is the property on an acreage?

☐ YES ☐ NO

If on an acreage, number of acres:

Is the property fenced?

☐ YES ☐ NO

Hydrant distance:

Fire hall distance:

Fire extinguishers?

☐ YES ☐ NO

Smoke detectors?

☐ YES ☐ NO

MAINTENANCE

Have any public utilities (hydro, telephone, water, gas) been left in service?

☐ YES ☐ NO

If yes to above question, why?

Have all electrical appliances, if any, been disconnected? ☐ YES ☐ NO

Have any windows/doors been boarded up? ☐ YES ☐ NO Are there any window coverings? ☐ YES ☐ NO

If no window coverings, what steps have been taken to prevent the building from looking unoccupied?

Is property being maintained in a useable and saleable condition at all times? ☐ YES ☐ NO

What arrangements have been made to maintain the property and attend the grounds?

Are any renovations being performed on the building? ☐ YES ☐ NO If yes, by whom?

If yes, are these structural renovations? ☐ YES ☐ NO Describe renovations:

LIMITS OF INSURANCE

Building:

Contents:

Outbuildings:

Liability:

Earthquake: ☐ YES ☐ NO Sewer backup: ☐ YES ☐ NO

Other required coverages:

*****THEFT, FLOOD AND WATER DAMAGE COVERAGES NOT AVAILABLE*****

Has the broker seen the risk? ☐ YES ☐ NO Condition of the property:

Has any insurer cancelled, declined, or refused to renew or issue habitational insurance to the applicant within the past 5 years? ☐ YES ☐ NO

If yes to the above question, please explain reasons:

Previous insurer:

Expiry Date:

LOSS HISTORY

Please list **all** of the **insured's** losses from the previous 5 years:

Date of Loss	Insurer	Amount Paid/Reserve	Type and Cause of Loss	Opened or Closed

Additional comments:

*****CURRENT PHOTOS OF FRONT AND BACK OF RISK MUST ACCOMPANY QUESTIONNAIRE*****

I may have provided information in this document and by other means and I may in future provide further personal information. Some of this personal information may include, but is not limited to, my credit card information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, evaluation of claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Applicant Signature: _____

Date: _____