

**VACANT PROPERTY APPLICATION****PART 1 GENERAL INFORMATION**

Broker: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Insured (Full Legal Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Risk Location Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Previous Insurer: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

Has any Insurer cancelled, declined, or refused you coverage?  Yes  No  
If yes, please provide details:

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied:

Loss Payee(s): \_\_\_\_\_

**PART 2 UNDERWRITING INFORMATION**How long has the insured owned the dwelling? \_\_\_\_\_ Is this risk new business to your office?  Yes  No**DWELLING/CONSTRUCTION INFORMATION:**Walls:  Wood  Non Combustible  Other, please explain: \_\_\_\_\_Roof:  Wood  Non Combustible  Tar & Gravel  Shake  Other, please explain: \_\_\_\_\_Foundation:  Concrete  Other, please explain \_\_\_\_\_Age of building/dwelling: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Basement?  Yes  NoHow many smoke detectors do they have installed? \_\_\_\_\_ Distance to Fire Hall: \_\_\_\_\_ km Hydrant Protected:  Yes  No**Electrical:** Breakers  Fuses  Other (Specify): \_\_\_\_\_Has the electrical wiring been updated since the home was built?  Yes  No If "Yes" when: \_\_\_\_\_Is there any active aluminum wiring in the home?  Yes  No If "Yes" what is the %: \_\_\_\_\_**Plumbing:**Has the plumbing been updated since the home was built?  Yes  No If "Yes" when: \_\_\_\_\_

Age of the hot water heater / tank? \_\_\_\_\_

**Heating:**

What is the primary heating system?  Gas  Electric  Propane  Oil  Wood  Other: \_\_\_\_\_

Any supplementary/auxiliary heating system?  Yes  No If "Yes" please explain: \_\_\_\_\_

**Roof:**

Has the roof been replaced/upgraded since the home was built?  Yes  No If "Yes" when: \_\_\_\_\_

- 1) Has this risk ever been vacant or unoccupied before?  Yes  No
- 2) Are the adjacent buildings vacant or unoccupied?  Yes  No
- 3) Has the electricity been disconnected?  Yes  No
- 4) Has the water and heating system been disconnected?  Yes  No
- 5) Has the hot water tank been drained?  Yes  No
- 6) Is all the rubbish removed from the dwelling / building and the premises?  Yes  No
- 7) Is the Insured financially sound?  Yes  No
- 8) Are all doors and windows securely closed and locked?  Yes  No
- 9) Is this property up for sale?  Yes  No
- 10) Is this risk alarmed?  Yes  No If "yes" what type? \_\_\_\_\_

11) How often is this risk checked upon and by whom? \_\_\_\_\_

12) Why is this risk currently vacant or unoccupied? \_\_\_\_\_

13) How long is this property expected to remain vacant? \_\_\_\_\_

14) What is the current physical condition of this property? \_\_\_\_\_

**MISCELLANEOUS INFORMATION:**

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**PART 3 COVERAGE REQUIREMENTS**

	LIMIT OF COVERAGE
Building Limit (including any outbuildings):	\$
Contents Limit:	\$
Commercial General Liability Limit:	\$

## NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

**Applicants Signature:**

**Position:**

**Please Print Name:**

**Date:**