

VACANT PROPERTY

APPLICATION

1. Please answer all questions. If any section does not apply, please indicate with "Not Applicable" OR "None".
2. If there is insufficient space to complete your answer for a particular question please use and attach as many additional pages as required to include any supplementary information.

APPLICATION FORMS PART OF THE POLICY

The Applicant(s) submission of this application including any additional information does not obligate the Applicant to buy insurance nor are we obligated to sell or offer insurance upon any specific terms requested. If insurance is effected, this Applicant's application, including any additional information provided, all will attach to and form part of the policy that is issued.

Completion of this form does not bind coverage. Applicant's written acceptance of an insurance company's quotation and company's written agreement to be bound are required to bind coverage and issue policy.

THE APPLICANT

Name of Applicant _____

Mailing Address _____

Loss Payable _____

Loss Experience (5 years) None or _____

PROPERTY INFORMATION

1. Risk Address _____

2. Intended/Usual Occupancy _____

3. Occupancy Vacant or Unoccupied? Yes No Under Renovation? Yes No

4. Construction

of Stories _____ Year Built _____ Square Footage _____

Walls - HCB Frame Metal Clad Other _____

Roof - Concrete Steel Deck Wood Joist Patent

Updates - Full Partial Year _____

5. Utilities

Heat - Forced Air Boiler Electric Other _____

Fuel - Gas Oil Other _____ If Oil, age of tank _____ Inside Outside/Above Ground

Updates - Full Partial Year _____

Electrical - C/B Fuses _____ Amps

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Updates - Full Partial Year _____ Is there knob and tube wiring? Yes No

Plumbing - Copper Plastic Other _____

Updates - Full Partial Year _____

6. Protection

Fire - Hydrant within _____ Feet Metres Fire hall Fulltime Volunteer _____ kms

Sprinkler System - Yes No Wet Dry % of Building Sprinklered _____

Alarm - Yes No Central Monitored Local

Burglar Alarm - Central Monitored Local ULC Approved Yes No

7. Housekeeping Excellent Good Fair Poor

8. Physical Condition Excellent Good Fair Poor

9. Financial Position Excellent Good Fair Poor

10. Neighbourhood Excellent Good Fair Poor

LIMITS OF INSURANCE

1. SECTION I - PROPERTY- Location # _____ - Building # _____

Form Named Perils Broad Form ACV Replacement Cost

Deductible \$1,000 Other _____

Limits Building _____ Contents _____

2. SECTION II - LIABILITY

Deductible \$1,000 Other _____

Limit Commercial General (Premises Only) _____

Please ensure the following is completed in full. If not applicable for this location, please indicate same.

Vacant/Unoccupied

1. Has the property ever been vacant or unoccupied previously? Provide full details: _____

2. How long has the building been vacant or unoccupied? _____ Expected term of vacancy/unoccupancy _____

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3. Reason for vacancy/unoccupancy _____
4. Has the electricity been disconnected? Yes No
5. Has the heating been disconnected? Yes No Is there any temporary heat? If so, provide details: Yes No
6. Please advise how far detached from adjacent building(s) _____
7. Are any adjacent buildings vacant or unoccupied? Yes No
8. Is anyone visiting premises on a regular basis? Yes No
If so, who? _____ How often? _____
9. Is this vacancy or unoccupancy seasonal? Yes No
10. Are all doors and windows securely closed and locked? Yes No
11. Is all rubbish removed from within and about the building(s) and premises? Yes No
12. Is the grass cut (in summer) and all bushes etc. cleared around all buildings? Yes No
13. Are the walkways cleared of snow (in the winter)? Yes No
14. Is the premises well lit in the evenings? Yes No
15. Is the premises fully enclosed by a fence? Yes No
16. Full details of any other protection provided, i.e. watchman, near police station, etc.

Under Renovation

1. What renovations will be undertaken? Structural Roof Heating Electrical Plumbing Cosmetic Only
Provide full details _____
2. Term _____ Is premises occupied during renovation? Yes No
3. Who is undertaking renovations? Applicant If Applicant, please advise experience _____
Contractor If Contractor, do they have a CGL in effect? Yes No
4. Current Value of Building \$ _____ Value of Renovation \$ _____
5. Provide details of mortgage amounts (number of mortgages, amount outstanding for each, payout dates, etc.)



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Broker Information

Broker Name: _____ Brokerage: _____

Tel No: _____ Email: _____

How long have you known the Client? _____

Applicant's Name: _____

Applicant's Signature: _____ Date: _____