



**Anderson
McTague
& ASSOCIATES**

Extra Strength Underwriting.

154 Prince William St.
PO Box 1500
Saint John NB, E2L 4K3
Canada

Vacancy Questionnaire

Broker:	Date:
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Insured:

Mailing Address:

Location of Risk:

Name And Address of Mortgages:

Age Of Building:	Year Purchase:	Construction:	Type Of Heating:
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If constructed prior to 1980 has the wiring, plumbing and roof been updated, if so when?

a) Wiring:

- **Circuit Breakers:**

- **Fuses:**

b) Plumbing:

c) Roof:

d) Heating:

Vacancy

How long has this property been vacant and for what reason?

What is the anticipated future of this building?

What will be the approximate duration of Vacancy?

Protection

Alarm?	Local	Monitored	Central Station
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Are outside doors and windows fully secured and locked Yes No

Is the key in the hands of a competent person who checks the building every 72 hours? Yes No

If so, who is this person and how often is the property checked?

Is the property easily viewed from the road Yes No

How far is the nearest occupied property?

Maintenance

Have any public utilities (Hydro, Telephone, Water, Gas) been left in service Yes No

If so, for what reasons?

Have all electrical appliances, if any been disconnected? Yes No

Are there any window coverings? Yes No

If not, what means have been taken to prevent the building from looking unoccupied

Is the property being maintained in a usable 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 so by whom?

Fire Protection

Hydrant Distance:

Fire Hall Distance:

Fire Extinguishers?	Yes	No	Smoke Detectors?	Yes	No	Sprinkler System?	Yes	No
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Limits of Insurance

Building:

Contents (major appliances only):

Liability (OLT)

\$

\$

\$

Has Broker seen the Risk? Yes No

Previous Insurer and Policy Number:

Loss History:

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit 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, evaluating 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's Signature:

Date: