

# Vacant Risk Application



|   |                 |                |                    |
|---|-----------------|----------------|--------------------|
| Broker:   |                 | Broker Office: |                    |
| Broker Contact:   |                 | Broker Email:  |                    |
| Insured:  |                 |                |                    |
| Mailing Address:  |                 |                |                    |
| Risk Address:   |                 |                |                    |
| Name and Address of Mortgagee:  |                 |                |                    |
| Age of Building:  | Year Purchased: | Construction:  | Number of Stories: |
| <b>BUILDING UPDATES INFORMATION (REQUIRED – PROVIDE YEAR UPDATED BELOW)</b>   |                 |                |                    |
|   | <b>Full</b>     | <b>Partial</b> |                    |
| <b>Electrical</b>   |                 |                |                    |
| <b>Heating</b>  |                 |                |                    |
| <b>Plumbing</b>   |                 |                |                    |
| <b>Roof</b>   |                 |                |                    |
| <b>BUILDING CONSTRUCTION INFO</b>   |                 |                |                    |
| <b>Type of Electrical Wiring</b>  |                 |                |                    |
| <b>Type of Plumbing</b>   |                 |                |                    |
| <b>Type of Roof</b>   |                 |                |                    |
| <b>Type of Heating</b>  |                 |                |                    |
| <b>Type of Auxiliary Heating</b> (If any heating appliance uses wood, is it an approved unit?)  |                 |                |                    |
| <b>VACANCY INFORMATION</b>  |                 |                |                    |
| How long has this property been vacant?   |                 |                |                    |
| Why has the property been vacant?   |                 |                |                    |
| What is the anticipated future use of the building?   |                 |                |                    |
| What will the approximate duration of vacancy?  |                 |                |                    |
| <b>PROTECTION</b>   |                 |                |                    |
| Is the risk equipped with an alarm? If so, is it monitored?   |                 |                |                    |
| Are outside doors and windows fully secured and locked?   |                 |                |                    |
| Are the keys in the hands of a competent person who checks the building every 72 hours?   |                 |                |                    |
| If so, who is this person and how often is the property checked?<br>(If the property is for sale, this should be someone else than the Realtor) |                 |                |                    |
| Is the property easily viewed from the road?  |                 |                |                    |
| How far is the nearest occupied property?   |                 |                |                    |

**MAINTENANCE**

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

If so, for what reasons?

Have all electrical appliances, if any, been disconnected?

Any there any window coverings?

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?

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

Are any renovations being performed on the building?

If so, by whom?

**FIRE PROTECTION**

Distance to a Fire Hydrant (in meters)

Distance to a Fire Hall (in kilometers)

Unprotected?

Other Protection Devices:

Fire Extinguishers?

Smoke Detectors?

Sprinkler System?

**LIMITS OF INSURANCE**

Building

Outbuilding

Contents

Liability

\$1,000,000

\$2,000,000

Previous Insurer:

Previous Policy Number:

Expiry date or Binding Date required:

**LOSS HISTORY – PROVIDE FULL DETAILS (IF NONE, PLEASE INDICATE BELOW)**

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:****PLEASE PROVIDE A PHOTO WITH YOUR SUBMISSION.**