



Vacant Building Application

Name of Applicant(s): _____

Are there more than 2 registered owners? _____

Postal Address: _____ City: _____ Prov: _____ PC: _____

Risk Location Address: _____ City: _____ Prov: _____ PC: _____

DWELLING/BUILDING:

Year Built: _____ Construction: Frame Masonry Log Other(describe): _____

Type of Building: Detached Home Duplex Townhouse/Condo Mobile Home (fully blocked, skirted & tied down)

Other(describe): _____

Square Footage: _____ No. of Storeys: _____ Size of Lot: less than 3 acres more than 3 acres #: _____

Updates: Roof - Year: _____ Type: _____ Heating – Year: _____ Type: _____

Plumbing - Year: _____ Type: Copper % PVC/ABS % Poly B % Galvanized % Cast Iron %

Electrical - Year: _____ Type: C/B Fuses Wiring: Copper Aluminum Knob & Tube Amps: _____

Is the property viewable from the road? Yes No

Within 300m of Fire Hydrant: Yes No Within 8km of Firehall: Yes No

Sprinklered: Yes No Monitored Alarm: Yes No

UNDERWRITING:

Current Status: to be sold will be owner occupied owner temporarily relocated will be rented dwelling in estate
property under financial distress other (describe): _____

Prior use/occupancy of building? _____ Percentage of building vacant: _____

Have measures been taken to maintain the property/grounds & prevent the building from looking unoccupied? Yes No

If so what has been done? _____

Have any public utilities (hydro, telephone, water, gas) been left in service? Yes No

If so, what has been left in service & for what reasons? _____

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

Is the property being maintained in a usable & saleable condition at all times (i.e. no boarded up windows)? Yes No

Are outside doors & windows fully secured & locked? Yes No

Is the property checked every 72 hours by a competent person inside & outside? Yes No

Name the person checking the building every 72 hours: _____

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

Has the applicant had any claims or losses (whether insured/claimed or not) in the past 5 years? Yes No

If Yes, please provide details: _____

If applicant is a Ltd. or Inc. Company name, are they a holding company only? Yes No

If not, do they carry separate CGL coverage for business operations? Yes No

VACANCY:

Date building became/will become vacant: _____ What will be the approximate duration of the vacancy: _____

Will the building be slated for demolition? Yes No

Will there be any renovations? Yes No

If there will be renovations: What is the budget? _____ Will there be any structural renovations? Yes No

Describe renovation details: _____

Who will be performing the renovations? _____

LIMITS:

Dwelling/Building: \$ _____ Detached Structures: \$ _____
Major Appliances: \$ _____ Premises Liability: \$ _____
Number of Mortgages/liens/encumbrances: _____ Are any mortgages in arrears? Yes No
Loss Payable(s) name(s) & address: _____

IMPORTANT – PLEASE READ CAREFULLY:

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the company until accepted by the company or companies underwriting application.

This Application is attached to and forms part of the policy. Please ensure that the application is completed in full, signed, dated & witnessed warranting same.

Applicants Signature

Date