

**Toronto Office:** 18 King St. E., Suite 300 Toronto, ON M5C 1C4  
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

**Montreal Office:** 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8  
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

## APPLICATION – VACANT PROPERTY

### GENERAL INFORMATION:

Name of Applicant: \_\_\_\_\_

Address of Applicant: Street \_\_\_\_\_

(Mailing address)

City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_

Location of Property: Street \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_

Premises Previously Occupied as: \_\_\_\_\_

Reason the building is vacant: \_\_\_\_\_

Loss Payable / Mortgagee:

\_\_\_\_\_  
\_\_\_\_\_

### 1. PROPERTY CONSTRUCTION DETAILS:

# of stories: \_\_\_\_\_

Basement:  Yes  No

Wall const.: \_\_\_\_\_

Year of const.: \_\_\_\_\_

Roof const.: \_\_\_\_\_

Total Sq. Ft.: \_\_\_\_\_

Floor const.: \_\_\_\_\_

Type of heat: \_\_\_\_\_

2. PROTECTION:

Distance to hydrants: \_\_\_\_\_

Distance to fire hall: \_\_\_\_\_

Sprinkler System:  Yes  No

Alarm System \_\_\_\_\_

3. UPDATES (YR):

Roof: \_\_\_\_\_

Heat: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Wiring: \_\_\_\_\_

# of Amps: \_\_\_\_\_

Circuit breakers  Fuses

4. INSURANCE LIMITS REQUIRED: (Actual Cash Value, 80% Co-Insurance)

Building: \$ \_\_\_\_\_

Contents: \$ \_\_\_\_\_

Liability: \$ \_\_\_\_\_

5. VACANT BUILDINGS:

a) How long has the property been vacant or unoccupied? \_\_\_\_\_

b) What is the anticipated future use of this building?

\_\_\_\_\_

c) Has the electricity been disconnected?  Yes  No

d) Is heat maintained in the building?  Yes  No

e) Have the pipes and hot water heating system been drained?  Yes  No

f) Is there a competent person making regular checks of the premises?  Yes  No

How often? \_\_\_\_\_

g) Are the doors and windows securely closed and locked?  Yes  No

h) Is all rubbish removed from within and about the building(s) and premises?  Yes  No

i) Is the grass cut and all bushes, etc. cleared around all buildings?  Yes  No

j) What is the general physical condition of the property?  Excellent  Good  Fair  Poor

k) If renovating, who will do the renovations?  Owner  General Contractor  Sub Contractors

l) What is the value and extent of renovations?

\_\_\_\_\_

\_\_\_\_\_

m) Claims History:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. BROKER INFORMATION:

Is this New Business to your office?  Yes  No

How long have you known applicant? \_\_\_\_\_

Have you personally seen this property?  Yes  No

Date: \_\_\_\_\_

Signature of Producer/Account Executive: \_\_\_\_\_

Name of Brokerage: \_\_\_\_\_

APPLICANT'S SIGNATURE

PLEASE REVIEW CAREFULLY

CONSUMER AND PREVIOUS INSURER REPORTS CONTAINING PERSONAL CREDIT, FACTUAL OR INVESTIGATIVE INFORMATION ABOUT THE APPLICANT MAY BE SOUGHT IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. I HEREBY MAKE APPLICATION FOR INSURANCE ON THE ABOVE ITEMS OF PROPERTY, SUBJECT TO THE STATUTORY CONDITIONS, STIPULATIONS, WARRANTIES, EXCLUSIONS, LIMITATIONS, CONDITIONS, AND DEFINITIONS AS CONTAINED IN THE POLICY OR ENDORSED THEREON.

THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

Signature of Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_



**Toronto Office:** 18 King St. E., Suite 300 Toronto, ON M5C 1C4  
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | [www.suminsurance.ca](http://www.suminsurance.ca)

**Montreal Office:** 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8  
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | [www.assurancesum.ca](http://www.assurancesum.ca)