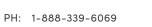
## **Vacant Buildings**



N SECTION 1. AD	DUICANT INFOR	MATION				
SECTION 1: APPLICANT INFORMATION						
Name of Insured:						
Mailing Address:						
Phone:		Cell:		Email: _		
Risk Location (Legal Address):						
Principals (if in a company name):						
Mortgages (Name	& Address):					
► SECTION 2: BU	JILDING DETAILS	5				
Fire hydrant within	300m: Yes	○ No				
Fire Hall:	Paid	Volunteer	Within 8km:	O Yes	○ No	
Construction:	Brick	Frame	Stone		Masonry	Log
	Other (descr	ibe):				
Foundation:	Concrete/Po	oured Concrete	Brick		Stone	
	Preservative	– Treated Lumbe	r		Post & Pier	
Age of Building:		No. of Units:			Total Sq.	Feet:
Is each unit a self-contained suite?						
Does the property have fire extinguishers?						
Does the property have operable smoke detectors? O Yes O No						
Does the property have operable sprinklers? O Yes O No						
Electrical Outage:	☐ 60 amp	100 amp	200 amp			
Electrical System:	Breakers	Fuses	Aluminun	n Wiring	J	
	Other (descr	ribe):				
Year Electrical Updated:						
Is there any knob & tube wiring? O Yes No						
If yes, indicate location:						
Type of Plumbing:			Year Plumbi	ng Updated:		
Type of Roof/Covering:				Year Roof Updated:		









Heating Details:			Year Heating Updated:			
If OIL is used, please attach Oil Tank Questionnaire and photos of oil tank(s).						
Does the property have a central h	Does the property have a central heating system?					
If no, please describe the type:						
Is there a solid fuel heating system?						
Please note there is a Warranty on the Quote and Policy that advises claims from the use of a solid fuel heating unit are excluded.						
<b>▶</b> SECTION 3: VACANCY						
How long has the property been vo	acant?	Size of Lot	:			
Please explain why:						
What is the anticipated future of th	is building?					
What will be the approximate dura	tion of vacancy?					
Is a key in the hands of a competer	nt person who check	s the building with	nin every 72 hours? Yes No			
If yes, who is this person and how often is the property checked?						
Is the property easily viewed from	the road? Yes (	No				
Is the property on a paved road?  Yes No						
<b>▲</b> SECTION 4: MAINTENANCE						
Public utilities left in service?  Reason:	Hydro	Water	☐ Telephone ☐ Gas			
Have all electrical appliances, if an	y, been disconnecte	ed? Yes No				
Are there curtains in the windows?						
If yes, what means have been taken to prevent the building from looking unoccupied?						
Is the property being maintained in a usable and salable condition at all times?  Yes  No						
What arrangements have been made to maintain the property and attend the grounds?						
Who is responsible for snow removal?						
Have you visited the property to verify the above measures?  \( \) Yes \( \) No						





Is the general maintenance and overall appearance and this property for insurance? Yes No	d prospects of re-occupancy such that you recommend					
Is this an existing client office?  Yes No						
Are there renovations being performed on the building?  Yes  No  If yes, by whom?						
Please provide the cost/budget for renovations:						
SECTION 5: INSURANCE & LOSS HISTORY INFORM.	ATION					
Previous Insurer:	Policy #:					
Expiring Premium:	Expiry Date:					
Is the above Insurer offering renewal? Yes No	If yes, renewing premium:					
If no, please advise why not:						
Requested Effective Date:	_					
Claims Experience. Describe all liability losses or incider	nts paid, or reserved, for the last 5 years (include dates					
and amounts):						
► SECTION 6: COVERAGES						
Basis of Loss Settlement is ACV. Replacement Cost cove	rage may be available at 90% Coinsurance upon receipt					
and review of an up-to-date ITV or Appraisal and if the	limit chosen is at least 90% of the Replacement Cost Limit.					
Building:	-					
Contents (appliances only):	Liability (OL & T):					
Current photos (front and back) are required prior to b	pinding.					







## **SECTION 7: DECLARATION**

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk -Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

Applicant's Name (Please print)	Title/Position
Signature of Applicant	Date (MM/DD/YYYY)

BROKER CONTACT INFORMATION					
Agent Name:	Brokerage Name:				
Email:	Address:				
Phone:	City / Province:				
Fax:	Postal Code:				





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