

## **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 Lo	g Other (describe):	
Type of Building: Other (describe):		•	Townhouse/Condo	` ,	locked, skirted & tied down)
Square Footage:	No. of	Stories:	Size of Lot:	Less than 3 acres	more than 3 acres #
Updates	Year	Туре			
Roof					
Heating					
Plumbing				C/ABS%  Cast Iron%	Poly B%
Electrical		Type: CE	3 Fuses <b>Wiring:</b>	Copper Aluminum	Knob & Tube
Is the property viewabl	e from the road?	res No	Within 300m of Fire	Hydrant? Yes 1	No
Within 8km of a Fireha	ll? Yes No	Sprinklered?	? Yes No	Monitored Alarm? Ye	es No
Underwriting					
		*	d Owner temporar	rily relocated Will be	9
Prior use/occupancy o	f building?			Percentage of	building vacant:
	aken to maintain the p s been done?	roperty/grour	nds & prevent the buildin	ng from looking unoccupio	ed? Yes No
Have any public utilitie  If so, what ha	s (hydro, telephone, was s been left in service &	- ,		s No	
Have all electrical appl	iances, if any, been dis	connected?	Yes No		
Is the property being m Are outside doors & wi			ndition at all times (i.e. r Yes No	no boarded up windows)?	Yes No

Is the property checked every 72 hours by a competent person in	side and out? Yes No	)					
Name the person checking the building every 72 hours:							
What arrangements have been made to maintain the property and attend to the grounds?							
Has the applicant had any claims or losses (whether insured/claims)	med 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 co							
If not, do they carry seperate 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 yes, 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) names(s) and address:							
IMPORTANT - Please Read Carefully:							
It is understood and agreed that the completion of this applicatio	n shall not be binding either to t	he proposed	insured or to the company				
until accepted by the company or companies underwriting applic	ation.						
This application is attached to and forms part of the policy. Pleas witnessed warranting same.	e ensure that the application is	completed ir	n full, signed, dated and				
Applicant's Signature:	Date:						