

Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

New Submissions: personallines@tottengroup.com Website: www.tottengroup.com

RESIDENTIAL VACANCY / UNOCCUPANCY APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

1.	Name of Appli	cant								
2.	Mailing Addres	Mailing Address								
3.	Loss Payable	Loss Payable								
4.	Loss Experience (5 years) None or									
	PROPERTY INFORMATION									
1.	Risk Address									
2.	Intended/Usual Occupancy									
3.	Occupancy	Description Vacant or Unoccupied? ☐ Yes ☐ No Under Renovation? ☐ Yes ☐ No								
4.	Construction									
	# of Stories			Year Built		Square Footage				
	Walls -	HCB	☐ Frame	☐ Metal C	lad	er				
	Roof -	Concrete	· 		loist					
	Updates -	☐ Full	☐ Partial	Year		_				
5.	Utilities									
	Heat	☐ Forced Air	☐ Boiler ☐ E		-	fitanti	Ja/Ahaya Crayrad			
	Updates -	□ Gas □ Full	☐ Partial		ii Oii, age o	f tank	ie/Above Ground			
	Electrical	□ C/B	☐ Fuses		<i>F</i>					
	Updates -	☐ Full	☐ Partial			_ Is there knob and tube wiring?	☐ Yes ☐ No			
	Plumbing	☐ Copper	☐ Plastic			_				
	Updates -	☐ Full	☐ Partial							
6.	Protection									
			Fee			Fulltime Volunteer				
	Sprinkler System - Yes No Wet Dry % of Building Sprinklered									
	Alarm - Burglar Ala			☐ Central ☐ Monitored	☐ Monitored [☐ Local U	∐ Local JLC Approved				
7.							l Fair □ Poor			
۲. 8	Housekeeping									

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LIMITS OF INSURANCE

1.	SECTION I - PROPERTY- Location #			Buil	ding #							
	Form	□ Named Perils	S	☐ Broad Form	☐ ACV	☐ Replacement Cost						
	Deductible	□ \$1,000	☐ Other									
	Limits	Building			Content	ts						
2.	SECTION II -	LIABILITY										
	Deductible	□ \$1,000	☐ Other									
	Limit	Commercial Ger	neral (Premis	ses Only)		<u></u>						
Please ensure the following is completed in full. If not applicable for this location, please indicate sam												
Vac	cant/Unoccupied											
1.												
2.	How long has	building been vac	cant or unoc	cupied?	Expected to	erm of vacancy/unoccupancy						
3.	Reason for va	acancy/unoccupar	ncy									
4.	Has the electricity been disconnected?											
5.	Has the heating been disconnected? ☐ Yes ☐ No ☐ Is there any temporary heat? If so, provide details: ☐ Yes ☐ No											
6.	Please advise	Please advise how far detached from adjacent building(s)										
7.	Are any adjacent buildings vacant or unoccupied?											
8.	Is anyone visi	ting premises on a	a regular bas	sis?	□ No							
	If so, who?			H	low often?							
9.	Is this vacanc	y or unoccupancy	seasonal?			☐ Yes ☐ No						
10.	Are all doors a	Are all doors and windows securely closed and locked? ☐ Yes ☐ No										
11.	Is all rubbish removed from within and about the building(s) and premises?											
12.	Is the grass cut (in summer) and all bushes, etc. cleared around all buildings?											
13.	Are the walkw	Are the walkways cleared of snow (in winter)? ☐ Yes ☐ No										
14.	Is the premise	Is the premises well lit in the evenings?										
15.	Is the premise	Is the premises fully enclosed by a fence?										
16.	Full details of	any other protect	ion provided,	i.e. watchman, near	police station, et	tc.						
Und	der Renovati	on										
1.	What renovati	ions will be under	taken?	Structural 🗌 Ro	of Heating	☐ Electrical ☐ Plumbing ☐ Cosmetic Only						
	Provide full details											
2.				ls premises o								
3.												
			☐ Contr	actor If Contractor,	do they have a C	GL in effect?						
4.	Current Value	e of Building \$		Valu	e of Renovation	\$						
5.	Provide detail	s of mortgage am	ounts (numb	er of mortgages, am	ount outstanding	for each, payout dates, etc.)						

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BROKER DECLARATION

Each and every question must be answered by the Broker and/or Account Executive.

Is this account NEW to your office?	☐ Yes ☐ No	Do you handle other insurance for the Applicant?	☐ Yes ☐ No		
If no, how long have you known the applicant?		Do you recommend this applicant in every respect?	☐ Yes ☐ No		
Note: I/We hereby declare that the statements and particular material facts and I/we agree that should a policy be issued to the statements and particular material facts and I/we agree that should a policy be issued to the statements and particular material facts and I/we agree that should a policy be issued to the statements and particular material facts and I/we agree that should a policy be issued to the statements and particular material facts and I/we agree that should a policy be issued to the statements and particular material facts and I/we agree that should a policy be issued to the statements and I/we agree that should a policy be issued to the statements and I/we agree that should a policy be issued to the statements and I/we agree that should a policy be issued to the statement of t		this application are true and that I/we have not suppressed ation shall be the basis of the contract with Underwriters.	or mis-stated any		
This application must be signed by the Producer/Account	t Executive.				
DATE		OLOMATURE OF PROPULOED/ACCOUNT	EVECUTIVE		
DATE		SIGNATURE OF PRODUCER/ACCOUNT I	EXECUTIVE		
PRINT NAME OF BROKERAGE		PRINT NAME OF BROKER/PRODUCER			
	DINT ADDDED	O OF PROVERAGE			
•	PRINT ADDRES	S OF BROKERAGE			
	APPLICANT	'S SIGNATURE			
	PLEASE REVI	EW CAREFULLY			
Consumer and previous insurer reports containing in connection with this application for insurance or		factual or investigative information about the applicar sion or variation of the insurance applied for.	it may be sought		
	and Definitions a	items of property, subject to the Statutory Condition s contained in the policy or endorsed thereon. THE			
Date		Signature of Applicant			

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