

TOTTEN GROUP

I N S U R A N C E

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

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 Applicant _____
2. Mailing Address _____

3. Loss Payable _____

4. Loss Experience (5 years) None or _____

PROPERTY INFORMATION

1. Risk Address _____
2. Intended/Usual Occupancy _____
3. **Occupancy** Vacant or Unoccupied? Yes No Under Renovation? Yes No
4. **Construction**

# of Stories _____	Year Built _____	Square Footage _____
Walls - <input type="checkbox"/> HCB <input type="checkbox"/> Frame <input type="checkbox"/> Metal Clad <input type="checkbox"/> Other - _____		
Roof - <input type="checkbox"/> Concrete <input type="checkbox"/> Steel Deck <input type="checkbox"/> Wood Joist <input type="checkbox"/> Patent		
Updates - <input type="checkbox"/> Full <input type="checkbox"/> Partial Year _____		
5. **Utilities**

Heat <input type="checkbox"/> Forced Air <input type="checkbox"/> Boiler <input type="checkbox"/> Electric <input type="checkbox"/> Other- _____	
Fuel <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other- _____ If Oil, age of tank _____ <input type="checkbox"/> Inside <input type="checkbox"/> Outside/Above Ground	
Updates - <input type="checkbox"/> Full <input type="checkbox"/> Partial Year _____	
Electrical <input type="checkbox"/> C/B <input type="checkbox"/> Fuses _____ Amps	
Updates - <input type="checkbox"/> Full <input type="checkbox"/> Partial Year _____ Is there knob and tube wiring? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Plumbing <input type="checkbox"/> Copper <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____	
Updates - <input type="checkbox"/> Full <input type="checkbox"/> Partial Year _____	
6. **Protection**

Fire - Hydrant within _____ <input type="checkbox"/> Feet <input type="checkbox"/> Metres Fire hall <input type="checkbox"/> Fulltime <input type="checkbox"/> Volunteer _____ kms	
Sprinkler System - <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Wet <input type="checkbox"/> Dry _____ % of Building Sprinklered _____	
Alarm - <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central <input type="checkbox"/> Monitored <input type="checkbox"/> Local	
Burglar Alarm - <input type="checkbox"/> Central <input type="checkbox"/> Monitored <input type="checkbox"/> Local ULC Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. **Housekeeping** Excellent Good Fair Poor
8. **Physical Condition** Excellent Good Fair Poor
9. **Financial Position** Excellent Good Fair Poor
10. **Neighbourhood** Excellent Good Fair Poor



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 particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

DATE

SIGNATURE OF PRODUCER/ACCOUNT EXECUTIVE

PRINT NAME OF BROKERAGE

PRINT NAME OF BROKER/PRODUCER

PRINT ADDRESS 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 or a renewal, extension or variation of the insurance applied for.

I hereby make application for insurance on the above charges 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.

Date

Signature of Applicant