

INSURANCE

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

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?					
4.	Construction					
	# of Stories Year Built Square Footage					
	Walls - ☐ HCB ☐ Frame ☐ Metal Clad ☐ Other					
	Roof - ☐ Concrete ☐ Steel Deck ☐ Wood Joist ☐ Patent					
	Updates - Full Partial Year					
5.	Utilities					
	Heat ☐ Forced Air ☐ Boiler ☐ Electric ☐ Other-					
	Fuel Gas Oil Other- If Oil, age of tank Inside Outside/Above Ground					
	Updates - Full Partial Year					
	Electrical C/B Fuses Amps					
	Updates - Full Partial Year Is there knob and tube wiring? Yes No					
	Plumbing Copper Plastic Other					
	Updates - Full Partial Year					
6.	Protection					
	Fire - Hydrant within					
	Sprinkler System - Yes No Wet Dry % of Building Sprinklered					
	Alarm - ☐ Yes ☐ No ☐ Central ☐ Monitored ☐ Local Burglar Alarm - ☐ Central ☐ Monitored ☐ Local ☐ Local ☐ Local ☐ Yes ☐ No					
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7.	Housekeeping					
8.	Physical Condition					

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LIMITS OF INSURANCE

1.	SECTION I - PROPERTY- Location #		Building #					
	Form	☐ Named Per	rils	☐ Broad Form	☐ ACV	☐ Replacement Cost		
	Deductible	□ \$1,000	☐ Other					
	Limits	Building			Conter	nts		
2.	SECTION II -	LIABILITY						
	Deductible	□ \$1,000	☐ Other					
	Limit	Commercial G	eneral (Premis	ses Only)		<u></u>		
	Please ens	sure the follow	ving is com	oleted in full. If n	ot applicable f	for this location, please indicate same.		
Vac	ant/Unoccu _l	oied						
1.	_		acant or unoco	cupied previously? F	Provide full details	s:		
2.	How long has	building been v	acant or unoc	cupied?	Expected t	erm of vacancy/unoccupancy		
3.	Reason for va	acancy/unoccup	ancy					
4.	Has the electricity been disconnected?							
5. Has the heating been disconnected?								
6.	Please advise	how far detach	ed from adjace	ent building(s)				
7.	Are any adjac	ent buildings va	cant or unoccu	upied? ☐ Yes	 □ No			
8.	Is anyone visiting premises on a regular basis?							
	If so, who? How often?							
9.	Is this vacano	y or unoccupan				☐ Yes ☐ No		
10.		and windows se	-	and locked?		☐ Yes ☐ No		
11.	Is all rubbish	removed from w	ithin and abou	t the building(s) and	premises?	☐ Yes ☐ No		
12.	Is the grass c	Is the grass cut (in summer) and all bushes, etc. cleared around all buildings?						
13.	Are the walky	ays cleared of s	snow (in winter	·)?		☐ Yes ☐ No		
14.	Is the premise	es well lit in the	evenings?			☐ Yes ☐ No		
15.	Is the premise	s the premises fully enclosed by a fence?						
16.	Full details of any other protection provided, i.e. watchman, near police station, etc.							
Und	der Renovati	on						
1.			ertaken?	Structural Ro	oof \square Heating	☐ Electrical ☐ Plumbing ☐ Cosmetic Only		
					·	•		
2.	Provide full details Term Is premises occupied during renovation?							
3.	Who is undertaking renovations? Applicant If Applicant, please advise experience							
			☐ Contr	actor If Contractor,	do they have a C	CGL in effect?		
4.	Current Value	of Building \$		Valu	-			
5.		· ·				g 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 statement of the statem		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		SIGNATURE OF PRODUCER/ACCOUNT EXECUTIVE						
PRINT NAME OF BROKERAGE		PRINT NAME OF BROKER/PRODU	JCER					
F	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 applican sion or variation of the insurance applied for.	t may be sought					
	and Definitions as	items of property, subject to the Statutory Conditions contained in the policy or endorsed thereon. THE						
Date		Signature of Applicant						

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