

Vacant Dwelling Application



Mini/Mobile Home	Condominium Unit	Detached	Semi-Detached	Town House	Duplex
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Broker:	Broker Office Location:				
Broker Contact:	Broker Email:				
Insured (please list all deeded owners):					
Primary Residence/Mailing Address:					
Unit #	Civic #	Street Name	City/Municipality	Province	Postal Code
Risk Address:					
Name and Address of Mortgagee:					
Mortgagee	Loss Payee	None			

CLAIMS HISTORY (past 5 years)			None	
Date of Loss	Full Details of Loss	Amt Paid/Reserved	Status	

Year Built:	Year Purchased:	No. of Stories:	No. of Units:	Foundation:	
Construction:		Square Footage:	If more than 10 acres, please advise the acreage:		

BUILDING CONSTRUCTION INFO AND BUILDING UPDATES					
	Type			Year of Full Update	Year of Partial Update
Electrical	Copper	Aluminum	Knob & Tube		
Heating	Main:	Auxiliary:			
Plumbing					
Roof					

VACANT INFORMATION	
How long has the property been vacant?	Why has the property been vacant?
What is the anticipated future use of the building?	
What will be the approximate duration of vacancy?	

PROTECTION		
Is the risk equipped with an alarm?	If so, is it monitored?	Are windows and doors secured and locked?
REQUIRED: Risk must be checked a minimum of every 72 hours, inside and out. NOTE: if the property is for sale, the person responsible must be someone other than the Realtor.		Confirm this condition will be met
Name and Contact of person responsible for checking (if someone other than insured):		

RENOVATIONS		None
Description of renovations to be done. Note: Major renovations will need to be referred		
General Contractor Hired?	Confirm any and all subcontractors hired will be licensed and insured	
If renovations to be completed by the insured, advise the experience the insured has		

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FIRE PROTECTION	
Distance to a Fire Hydrant (in meters):	Distance to Fire Hall (in kilometers):
<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Unprotected	
<input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Sprinkler System	

LIMITS OF INSURANCE (Dollar Amount)	
Policy Term Requested: 3 Months OR 6 Months <i>Note: 3 Months is the shortest term available</i>	
Building:	
Contents:	
Outbuilding: (if more than one outbuilding, list the limit of insurance for each)	
Minimum \$2,500 Deductible Sewer Backup, Flood, and Quake not available on vacant risks	
Premises Only Liability:	\$1,000,000 OR \$2,000,000

CONDOMINIUM COVERAGES	
Coverage A – Condominium Unit:	
Coverage B – Unit Improvements and Betterments:	
Coverage C – Condominium Unit Owners – Loss Assessment:	

PREVIOUS INSURER INFORMATION	
Previous Insurer:	Previous Policy Number:
Expiry Date or Binding Date Required:	
If not a new purchase and no previous insurance, please advise the reason as well as the reason seeking to insure now:	

ADDITIONAL COMMENTS

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Applicant's Signature:	Date:
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PLEASE PROVIDE PHOTOS WITH YOUR SUBMISSION