

VACANCY/UNOCCUPIED QUESTIONNAIRE

Policy Number:		Insured:	
Broker:		Date:	

This form is to be completed for each property, as it becomes vacant and may also be required if an extension of the vacancy permit is to be granted.

Address of vacant/unoccupied property: _____

Reason for vacancy/unoccupancy? _____

Anticipated dates of vacancy (dd/mm/yy): Start: _____ End: _____

Is property for sale? Yes No

Is the property undergoing renovations? Yes No

If yes, please provide details on the extent of the renovations. _____

Does the building contain any furniture or other contents? Yes No

Please describe. _____

Is home being entered and inspected daily? Yes No

If yes, by whom? _____

If no, please comment. _____

Who has access / keys to property? _____

Are the following utilities being left in service during the vacancy/unoccupancy period?

Heating Yes No Plumbing Yes No

Electrical Yes No Alarm Yes No

Other, please explain _____

Is regular maintenance being done to the home (snow removal, lawn cutting, mail pick-up etc.)? Yes No

Is the property maintained in saleable/useable condition at all times? Yes No

Are the doors and windows securely locked? Yes No

Are their window coverings on all the windows? Yes No

What security lighting has been installed? Timers Motion lights Other _____

Is home equipped with an alarm system? Fire Burglary Fire & Burglary None

Local Monitored Specify (partial or complete protection, name of monitoring station, etc.): _____

Is the insured aware of the exclusions, on their policy, while the property is vacant/unoccupied? Yes No

For what time period is this report filed? _____

Have you (the broker) visited this risk? Yes No Do you recommend writing this risk? Yes No

Broker Signature _____

****PLEASE PROVIDE TWO CURRENT PHOTOS OF THE HOUSE, FROM TWO DIFFERENT ANGLES**