



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 there 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**