



Vacancy Questionnaire

Name of Insured	Policy No.
Location Address	Date
Broker Name	Broker No.

Vacancy

1. Date property became vacant (dd/mm/yy): _____ For what reason? _____
2. What will be the approximate duration of vacancy? _____
3. What is the anticipated future of this building: For Sale? For Rent For redevelopment Other
4. During vacancy, will the building be renovated or torn down? Explain _____
If yes, please provide full details of work and contractor information.

Protection

1. Are outside doors and windows fully secured and locked? Yes No
2. How often is the property checked? _____ Who checks the property? _____
3. Is the property secluded or easily viewed from the road? Yes No
4. Is there an alarm system? Yes Local Monitored No

Maintenance

1. Have any public utilities (hydro, telephone, water, gas) been left in services?
2. Have all electrical appliances, if any, been disconnected? Yes No
3. Are there curtains in windows? Yes No
4. If not, what means have been taken to prevent the building from looking unoccupied? _____
5. Is the property being maintained in a usable and saleable condition at all times? Yes No
6. What arrangements have been made to maintain the property and attend to the grounds?

Agent's/Broker Report

1. Have you visited the property to verify the above answers? Yes No
2. Are the general maintenance, overall appearance and prospects for re-occupancy such that you can recommend this property for insurance? Yes No

Signature of Applicant/Insured

Date

Signature of Agent/Broker

Date

