



VACANT / UNOCCUPIED PROPERTY APPLICATION

**PLEASE ANSWER ALL QUESTIONS
IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS**

1. Name of Insured (in full including all Divisions):

2. Mailing Address:

3. Location/Address of Property:

4. Mortgagee/ Loss payee:

Mortgagee/ Loss payee Mailing Address:

5. How long has the building been vacant/unoccupied? _____

6. a) What is the reason for vacancy? _____

b) Does the building contain any furniture or other contents?

Yes No

c) If the building is being renovated, provide details:

7. Is the building up for sale?

Yes No

8. a) Have the utilities (electricity, gas, water, telephone) been left in service? Yes No
b) Is there any danger of freezing pipes? Yes No
If Yes please explain exposure:

9. a) Have all doors and windows been securely locked? Yes No
b) Has security lighting been installed? Yes No

10. a) Is the property being maintained in a useable and saleable condition? Yes No
b) Has all the rubbish been removed from within and about the building? Yes No
c) What arrangements have been made to maintain the property, and attend to the grounds around the building? Yes No

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11. Have there been any problems of break-ins or vandalism? Yes No
If yes, please describe circumstances:

12. a) Is a key for the property in the hands of a competent person who checks the building on a regular basis? Yes No
If Yes, who is the person and how often do they check the property?

Once every:

- 24 hrs. 48 hrs. Weekly Other _____

b) **CONTACT NAME & PHONE NUMBER TO ARRANGE INSPECTION:**

13. Have you (the Broker) visited the property to verify the above information? Yes No

14. **PHOTOS (inside and outside) of subject risk.**
Minimum pictures required are front/back and 2 inside.

15. Do we have any supporting business for this insured? Yes No
 If Yes, please list policy number, type of coverage and annual premium:

Policy Number	Type of Coverage	Annual Premium

16. Previous Insurer: _____ Policy Number: _____

17. Has the applicant ever been refused insurance by any insurer? Yes No
 If Yes, provide details:

18. **CONSTRUCTION**

Year Built: _____ Additions: _____ Upgrades: _____ No. of Storeys: _____

Wall Construction: Concrete/Brick Steel Frame Wood Frame Other: _____

Roof Construction: Concrete Steel Deck Wood Joist
 Steel on Steel Other: _____

Roof Finish: Shingles Tar & Gravel Rubber Membrane
 Wood Shingle Metal Other: _____

Roof Year Updated: _____

Floor Construction: Concrete Concrete on Steel Wood Other: _____

Area -grade(sq. ft.): _____ Total Area (sq. ft.): _____

Heating: _____ Year Updated: _____

Plumbing: _____ Year Updated: _____

Wiring: Fuses Circuit Breaker Year Updated: _____

Protection: Burglary Local Alarm Central Station Monitored Alarm
 Metal bars or grill protecting all glass doors and windows
 Fenced Yard Other: _____

Fire: Sprinkler %: _____ Local Alarm Central Station Monitored Alarm
 Fire Alarm Local Alarm Central Station Monitored Alarm
 Fire Extinguishers #: _____

Automatic Fire Suppression System: Wet or Dry Semi-annual contract

Municipal Protection:
Number of Hydrant(s) within 500 feet: _____ Fire Hall: _____ Miles _____

Exposures: Right: _____ Left: _____
Front: _____ Rear: _____

19. List all losses:

Date	Description of Loss	Payment

20. **COVERAGES**

	LIMIT REQUIRED (including debris removal costs)	Co-insurance	Deductible	Expiring Premium
Building				
Contents				
OLT Liability		N/A		

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd’s Underwriters’ insurance business in Canada.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**