

VACANCY QUESTIONNAIRE

(THIS REPORT MUST BE COMPLETED BEFORE A VACANCY PERMIT WILL BE ISSUED)

POLICY #: _____ NAME: _____

LOCATION: _____

1. Reason for Vacancy _____

2. How long has this property been vacant? _____

3. How long is the property expected to be vacant? _____

4. New Business: a) Who previously insured this property?(Company Name, Policy # and Type of coverage)
b) Reason(s) for discontinuing coverage? c) Date discontinued?

5. List supporting business with _____ Specify policy number and class of business.

6. a) Who is inspecting the premises? _____

b) How often? _____

7. a) Are the doors and windows locked? ____ Yes ____ No

b) Are there any security systems operating? Yes ____ No ____

c) Have utilities been disconnected?

Water ____ Yes ____ No

Electric ____ Yes ____ No

Heating ____ Yes ____ No

8. Is the general maintenance, overall appearance and prospects for re-occupancy such that you can recommend this property for insurance?

9. Has the broker inspected the premises? Yes ____ No ____ Date: _____

10. A recent photograph of this risk must accompany the completed questionnaire.

11. Comments _____

DATE: _____ BROKERAGE/AGENCY: _____

Broker Signature

Insured Signature