



**VACANCY APPLICATION**

NAME OF APPLICANT: \_\_\_\_\_

MAILING ADDRESS OF APPLICANT: \_\_\_\_\_

LOCATION OF RISK: \_\_\_\_\_

PRINCIPALS (if business name): \_\_\_\_\_

MORTGAGEES (name & address in payment order):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RISK & LOCATION DETAILS**

**FIRE PROTECTION:**

Hydrant:            Within 300m?  YES  NO  
Fire Hall:           Within 8km?  YES  NO  Paid  Volunteer

**CONSTRUCTION:**

Brick  Frame  Stone  Masonry  Log  
 Others (Please describe): \_\_\_\_\_

**FOUNDATION:**

Concrete/Poured Concrete  Brick  Stone  Wood/ Lumber

AGE OF BUILDING: \_\_\_\_\_

NO. OF UNITS: \_\_\_\_\_                      NO. OF OCCUPANTS: \_\_\_\_\_                      NO. OF STORIES: \_\_\_\_\_

Is each unit a self-contained suite?  YES  NO

Are there fire extinguishers on site?  YES  NO

Are there operable smoke detectors?  YES  NO    Operable sprinklers?  YES  NO

ELECTRICAL SYSTEM: \_\_\_\_\_ 60AMP \_\_\_\_\_ 100AMP \_\_\_\_\_ 200AMP \_\_\_\_\_ CB's  
\_\_\_\_\_ Fuses \_\_\_\_\_ Aluminum Wiring  
\_\_\_\_\_ Knob & Tube Wiring (location): \_\_\_\_\_

PLUMBING (type): \_\_\_\_\_ AGE OF ROOF: \_\_\_\_\_

**If Oil is used, please complete and attach Oil Tank Questionnaire and photos of oil tank(s) to this submission.**

Does property have a central heating system? \_\_\_\_\_ YES \_\_\_\_\_ NO Type: \_\_\_\_\_

Is there a solid fuel heating unit? \_\_\_\_\_ YES \_\_\_\_\_ NO (If YES, please attach Solid Fuel Questionnaire).

UPDATE INFO (YEAR): \_\_\_\_\_ Electrical \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_ Roof

**VACANCY INFORMATION**

How long has the property been vacant? \_\_\_\_\_

Reason for vacancy? \_\_\_\_\_

What is the anticipated future use of this building? \_\_\_\_\_

What will be the approximate duration of vacancy? \_\_\_\_\_

Will a competent person perform checks on the building within every 72 hours? \_\_\_\_\_ YES \_\_\_\_\_ NO

If so, who is this person and how often is the property checked? \_\_\_\_\_

Is the property easily viewed from the road? \_\_\_\_\_ YES \_\_\_\_\_ NO

Size of lot: \_\_\_\_\_ Is the property on a paved road? \_\_\_\_\_ YES \_\_\_\_\_ NO

**HOUSEKEEPING AND GENERAL MAINTENANCE DETAILS**

Public utilities left in service: \_\_\_\_\_ Hydro \_\_\_\_\_ Water \_\_\_\_\_ Telephone \_\_\_\_\_ Gas

Reason: \_\_\_\_\_

Have all electrical appliances, if any, been disconnected? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are there curtains or shades on the windows? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, what means have been taken to prevent building from appearing unoccupied? \_\_\_\_\_

Is the property being maintained in a usable condition at all times? \_\_\_\_\_ YES \_\_\_\_\_ NO

What arrangements have been made to maintain the property and attend the grounds? \_\_\_\_\_

Have you visited the property to verify the above answers? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is the maintenance and overall appearance and prospects for re-occupancy such that you recommend this property for insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is this an existing client of your broker office? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are any renovations being performed on the building? \_\_\_\_\_ YES \_\_\_\_\_ NO, If so, by whom? \_\_\_\_\_

Details of renovation (extent and budget of renovation): \_\_\_\_\_

Type of insurance? \_\_\_\_\_ Previous insurance company, Policy #: \_\_\_\_\_

Loss history: (dates; paid/estimated amount; cause; open/closed)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your Target Premium for this submission: \$ \_\_\_\_\_ Desired Effective Date: \_\_\_\_\_

**INSURANCE LIMITS REQUIRED**

Building: \$ \_\_\_\_\_

Contents (appliances only): \$ \_\_\_\_\_

Liability (OL&T): \$ \_\_\_\_\_

**CURRENT PHOTOS (FRONT & BACK) REQUIRED PRIOR TO BINDING THE RISK.**

This application and any supplements attached hereto do 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 by TCB Underwriters Ltd.

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 MY APPLICATION FOR INSURANCE AND FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS AND DETERMINE CLAIMS HISTORY OF THE APPLICANT.

Signature of the Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_

Print full Name and Title / Position: \_\_\_\_\_

BROKER NAME: \_\_\_\_\_

BROKERAGE NAME: \_\_\_\_\_

BROKERAGE ADDRESS: \_\_\_\_\_

BROKER PHONE NUMBER: \_\_\_\_\_

BROKER FAX NUMBER: \_\_\_\_\_

BROKER EMAIL: \_\_\_\_\_