



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: _____