

Vacancy Permit Questionnaire

Insured's Name: _____

Broker: _____

Policy Number and Location: _____

To underwrite the request for vacancy coverage, please sign and complete the following and also provide a clear colour photo of the dwelling:

• Date that vacancy began: _____

• Reason for vacancy: _____

• Anticipated maximum period of vacancy: _____

• Person responsible for inspecting the dwelling: _____

• How often the dwelling is inspected: _____

• Are measures taken to ensure dwelling appears to be lived in (i.e. clearing snow, collecting papers and mail, or mowing the lawn)? Yes No

• Is the dwelling furnished? Yes No

• Is the dwelling for sale? Yes No

• Has the heat and electricity been turned off? Yes No

• Has the water been turned off? Yes No

• If so, have all systems and appliances been drained? Yes No

• Are the doors and windows securely locked? Yes No

• Is there a monitored Fire or Burglar alarm? Yes No

Signature of Insured: _____

Date: _____

Please note: vacancy permits are not bound until approved by the company.