

Broker:	Broker Code:
Insured:	Policy # (or <input type="checkbox"/> New):
Mailing Address (including Postal Code):	Effective or Renewal Date:
Location:	

**This questionnaire must be completed before a vacancy permit will be issued.  
 Photographs of each building on the premises are required.**

1. How long has this property been vacant and for what reason?
2. How long will this property likely remain vacant?
3. Provide details of premise inspections (including name, address, relation to insured and frequency):
4. Does the building have a functioning monitored alarm system for any of the following: <input type="checkbox"/> Fire <input type="checkbox"/> Burglary <input type="checkbox"/> Temperature
5. Has the power been disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the water been shut off and the plumbing system drained? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are the doors and windows properly secured? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, provide details:
8. Has the heating remained on? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is this building located in an area that might allow transients or vandals to go relatively unnoticed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:
10. Are the general maintenance, overall appearance and prospects for re-occupancy such that you can recommend this property for insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, provide details:
11. Are there any contents in the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, is coverage required on contents? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, advise the value of the contents:
12. Are there any outbuilding(s) at the insured location? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, is coverage required for the outbuilding(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, advise the value of the outbuilding(s):
13. Does the insured have any other supporting business with The Economical Insurance Group? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details including policy numbers:

Broker Signature:	Date:
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