

## Vacancy Questionnaire

Date: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Location Address: \_\_\_\_\_

1. Reason for vacancy ? \_\_\_\_\_
2. How long has dwelling been vacant ? \_\_\_\_\_ Estimated duration of vacancy ? \_\_\_\_\_
3. Are all doors and windows fully secured and locked ?    yes    no
4. Is the dwelling secluded or in full view from the road ? \_\_\_\_\_
5. Has the water supply been shut off ?    yes    no    Has the power been shut off    yes    no  
Has the plumbing system been drained ?    yes    no
6. Who will be inspecting the property ? Provide name, address and relationship to the insured  
\_\_\_\_\_  
How often will dwelling be entered and checked ? (minimum every 4 days) \_\_\_\_\_
7. Are there any contents in the dwelling ?    yes    no    If yes, approximate value \_\_\_\_\_
8. Is the property being maintained in a usable and saleable condition at all times ? \_\_\_\_\_
9. What arrangement have been made to maintain the property (mail pickup, snow removal, lawn cutting, etc.) ?  
\_\_\_\_\_

The Insured warrants that the statements made in this application are true and accurate.

\_\_\_\_\_  
Signature of Broker

\_\_\_\_\_  
Date