



[Property Application]

VACANCY AND UNOCCUPANCY QUESTIONNAIRE



T: 604.685.6533 TOLL FREE T: 1.877.685.6533 F: 604.685.6554 E: info@cansure.com W: www.cansure.com

VACANCY AND UNOCCUPANCY QUESTIONNAIRE

Must accompany a completed Commercial Property Application or Rented Dwelling Application.

1) Is the property:

(a) **Vacant** (when a building has no furnishings at all)? Yes No

(b) **Unoccupied** (when a building has all of its furnishings etc)? Yes No

2) Has this risk ever been vacant or unoccupied before? Yes No

3) Are the adjacent buildings vacant or unoccupied? Yes No

4) Has the electricity been disconnected? Yes No

5) Has the water and heating system been disconnected? Yes No

6) Has the hot water tank been drained? Yes No

7) Is all the rubbish removed from the building and the premises? Yes No

8) Is the Insured financially sound? Yes No

9) Are all doors and windows securely closed and locked? Yes No

10) Is this property up for sale? Yes No

11) Is this risk alarmed? Yes No If "yes" what type? _____

12) How often is this risk checked upon and by whom? _____

13) Why is this risk currently vacant or unoccupied? _____

14) How long is this property expected to remain vacant? _____

15) What is the current physical condition of this property? _____

16) Please provide details of the outstanding mortgage amount and the other properties owned by this insured? _____

17) Miscellaneous information: _____



NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature:

Position:

Please Print Name:

Date: