



200-20627 Fraser Highway, Langley, BC V3A 4G4
Tel: (604) 532-6864 Tel: 1-877-532-6864 Fax: (604) 532-6894

VACANT DWELLING APPLICATION

CURRENT PHOTOS OF FRONT AND BACK OF RISK MUST ACCOMPANY QUESTIONNAIRE.

Brokerage: _____ Broker: _____

Tel # (____) _____ Fax # (____) _____

Email _____

GENERAL INFORMATION

Name of Applicant _____

Mailing Address & Postal Code _____

Risk Address _____

Loss Payable _____

Effective Date _____

LOSS HISTORY

Current insurer _____

Policy number _____

Has any insurer cancelled or refused insurance to applicant? Yes No

If yes, describe reason _____

Has the applicant suffered any losses or claims within the past 5 years? Yes No

If yes, give details _____

Is applicant aware of any fact or circumstances that may give rise to any future losses? Yes No

If yes, explain _____

BUILDING DESCRIPTION

Year built _____ Year purchased _____

Walls Frame Log HCB Fire Res Other _____

Swimming Pool Yes No If yes, Inground Above ground Fully fenced Yes No

Dock/wharf Yes No If yes, permanent or seasonal? (circle and attach photo)

Acreage _____ Acres/Hectares Waterfront Yes No

If risk location is older than 20 years, please advise year of update:

Roof T&G___ Metal ___ Duroid___ Tile ___ Other (_____) ___ Year updated _____
Heating Gas ___ Oil ___ Electric___ Propane___ Other_____ Year updated _____
Wood Heat Auxiliary ___ Primary ___ (Attach wood heat questionnaire and photos)
Wiring Breakers___ Fuses___ Amperage _____ Year updated _____
Plumbing Type: % plastic ___ % copper ___ % other (_____) ___ Year updated _____
Foundation Concrete___ Wood___ Other___
Height # of Stories_____ SQFT of building _____
Basement Yes No Finished area _____
Public Protection Hydrant within _____metres Firehall within _____ metres
Volunteer Hall ___ Paid Hall _____

PROTECTION

Sprinklered Yes No
Fire Extinguishers Yes No How many_____ Type _____
Burglar Alarm System Local ___ Monitored ___ Name of Monitoring Co _____
Other Security Features _____
Are outside doors and windows fully secured and locked? _____
Is the key in the hands of a competent person who checks the building? Yes No
If so, who is this person and how often is the property checked? _____

Is the property easily viewed from the road? _____
How far is the nearest occupied property? _____

VACANCY

How long has this property been vacant and for what reason? _____
What is the anticipated future of this building? _____
What will be the approximate duration of Vacancy? _____

MAINTENANCE

Have any public utilities (Hydro, Telephone, Water, Gas) been left in service? _____
If so, for what reasons? _____
Have all electrical appliances, if any, been disconnected? _____
Are there any window coverings? _____
If not, what means have been taken to prevent the building from looking unoccupied? _____

Is the property being maintained in a usable and saleable condition at all times? _____

What arrangements have been made to maintain the property and attend the grounds? _____

Are any Renovations being performed on the Building? _____

If so, by whom? _____

LIMITS OF INSURANCE

Coverage	Limit
DWELLING BUILDING	
OUTBUILDINGS	
CONTENTS (APPLIANCES)	
LIABILITY - PREMISES ONLY	
SEWER BACK UP	Not Covered
EARTHQUAKE	

BROKER/AGENT QUESTIONNAIRE

IS THIS BUSINESS NEW TO YOUR OFFICE? Yes No

ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? Yes No (If yes, describe in remarks)

HAVE YOU SEEN THIS PROPERTY? Yes No IF YES, WHEN? _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

Housekeeping Excellent ___ Good ___ Average ___ Fair ___ Poor ___

REMARKS

CONSENT & DISCLOSURE

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery is forfeited.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Applicant's signature

Date

Broker's signature

Date