

Toronto Office: 18 King St. E., Suite 903 Toronto, ON M5C 1C4
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

APPLICATION – VACANT PROPERTY

GENERAL INFORMATION:

Name of Applicant: _____

Address of Applicant: Street _____
(Mailing address) City _____
Province _____ Postal code _____

Location of Property: Street _____
City _____
Province _____ Postal code _____

Premises Previously Occupied as: _____

Reason the building is vacant: _____

Loss Payable / Mortgagee:

1. PROPERTY CONSTRUCTION DETAILS:

of stories: _____

Basement: Yes No

Wall const.: _____

Year of const.: _____

Roof const.: _____

Total Sq. Ft.: _____

Floor const.: _____

Type of heat: _____

2. PROTECTION:

Distance to hydrants: _____

Distance to fire hall: _____

Sprinkler System: Yes No

Alarm System _____

3. UPDATES (YR):

Roof: _____

Heat: _____

Plumbing: _____

Wiring: _____

of Amps: _____

Circuit breakers Fuses

4. INSURANCE LIMITS REQUIRED: (Actual Cash Value, 80% Co-Insurance)

Building: \$ _____

Contents: \$ _____

Liability: \$ _____

5. VACANT BUILDINGS:

a) How long has the property been vacant or unoccupied? _____

b) What is the anticipated future use of this building?

c) Has the electricity been disconnected? Yes No

d) Is heat maintained in the building? Yes No

e) Have the pipes and hot water heating system been drained? Yes No

f) Is there a competent person making regular checks of the premises? Yes No

How often? _____

g) Are the doors and windows securely closed and locked? Yes No

h) Is all rubbish removed from within and about the building(s) and premises? Yes No

i) Is the grass cut and all bushes, etc. cleared around all buildings? Yes No

j) What is the general physical condition of the property? Excellent Good Fair Poor

k) If renovating, who will do the renovations? Owner General Contractor Sub Contractors

l) What is the value and extent of renovations?

m) Claims History:

6. BROKER INFORMATION:

Is this New Business to your office? Yes No

How long have you known applicant? _____

Have you personally seen this property? Yes No

Date: _____

Signature of Producer/Account Executive: _____

Name of Brokerage: _____

APPLICANT'S SIGNATURE

PLEASE REVIEW CAREFULLY

CONSUMER AND PREVIOUS INSURER REPORTS CONTAINING PERSONAL CREDIT, FACTUAL OR INVESTIGATIVE INFORMATION ABOUT THE APPLICANT MAY BE SOUGHT IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. I HEREBY MAKE APPLICATION FOR INSURANCE ON THE ABOVE ITEMS OF PROPERTY, SUBJECT TO THE STATUTORY CONDITIONS, STIPULATIONS, WARRANTIES, EXCLUSIONS, LIMITATIONS, CONDITIONS, AND DEFINITIONS AS CONTAINED IN THE POLICY OR ENDORSED THEREON.

THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

Signature of Applicant: _____

Dated: _____



Toronto Office: 18 King St. E., Suite 903 Toronto, ON M5C 1C4
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

Montreal Office: 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca