



Intact Insurance Company
 Niche Products – Toronto Branch
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Vacancy Questionnaire

Broker:	Contact Name:	Date:
Telephone #:	Fax #:	Email:

Has Broker seen the Risk? Yes No

Applicants Name:	Mailing Address:
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Previous Insurer and Policy Number:

Have they offered renewal? Explain:	Expiry Date:
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Vacancy

Location of Risk (if different from mailing address):	Year Purchased:
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How long has this property been vacant? (date vacancy began) (mm/yyyy)

What is the reason for the vacancy?

What will be the approximate duration of the vacancy?

What is the anticipated future of this building?

Has any portion of the building been **remediated** (due to mould, asbestos, grow ops. etc.) in the past five years?

Yes No If Yes provide details:

Location Detail

Year Built:	# Storeys:	Construction:	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is this a Heritage designated building Yes No Total area of Building: sq. ft.

Type of Building:	<input type="checkbox"/> Dwelling	<input type="checkbox"/> Retail	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Warehouse
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Electrical: Copper Aluminium Knob & Tube Other:

Electrical System: Circuit Breakers Fuses 60 amp 100 amp 200 amp Other:

Electrical System Updated: Yes No Date:

Plumbing: Updated: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Type:
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Roof: Age of roof:

Heating: Furnace Boiler Electric Other:

Heating Fuel Type: Natural Gas Oil* Propane* Solid Fuel* Other:

Any auxiliary heating? No Yes, Type:

**Additional Questionnaire may be required*

Heating System Updated: Yes No Date:

Protection

Burglar Alarm? None Local Monitored Central Station ULC Approved (attach copy of certificate)

Are outside doors and windows fully secured and locked? Yes No

Is the key in the hands of a competent person who checks the building on a regular basis? Yes No

How often is the property checked (inspected)?

Who is responsible for the regular supervision and maintenance of the premises?

Please provide name(s), contact information and relationship to the Applicant.

Is the property easily viewed from the road Yes No

How far is the nearest occupied property?

Fire Protection: Hydrant Distance: Fire Hall Distance:

Fire Extinguishers?

Yes No

Smoke Detectors?

Yes No

Sprinkler System?

Yes No

Fire Alarm?

Yes No

Maintenance

Have any public utilities (Hydro, Telephone, Water, Gas) been left in service? Yes No

If so, for what reasons?

Have all electrical appliances, if any, been disconnected? Yes No

Are there any window coverings? Yes No

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? Yes No

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

Are any Renovations being performed on the Building? Yes No

If so, by whom?

Limits of Insurance

Building: \$

Contents: \$

Liability \$

Other Required Coverages:

Loss History (previous five years) open and/or closed claims:

Any Other Comments

CURRENT PHOTOS OF THE FRONT AND BACK OF THE RISK MUST ACCOMPANY THIS QUESTIONNAIRE

I may have provided personal information in this document and by other means 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, renewals, changes of coverage, 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: