

## Vacant dwelling questionnaire

Policy Number:

Today's Date:

Brokerage:

Broker Name:

Insured's Name:

Insured's Address:

Address this questionnaire applies to:

These questions must be completed for each property as it becomes vacant and may also be required if an extension of the vacancy permit is requested.

1. Vacancy start date:
2. Reason for vacancy  
If reason for vacancy is property undergoing renovations, refer to underwriting.
3. Will the property be vacant for more than 30 days?      Yes      No  
If **yes**, refer to underwriting.
4. Does the building contain any furniture or other contents?\*      Yes      No  
If **yes**, what is the approximate value of the furniture or other contents?  
Is contents insurance required?      Yes      No

If the client answers **no** to any of the following questions, refer to underwriting.

5. Do you or your delegate enter and inspect the vacant premises at least once per week?      Yes      No
6. Will the utilities (plumbing, electrical, heating during the usual heating season) be maintained during the vacancy?  
Yes      No
7. Is regular maintenance being done to the home (snow removal, lawn cutting, mail collection, etc.)?  
Yes      No
8. Are all doors and windows securely locked?      Yes      No
9. **To the broker/agent:** Has the insured been advised of the vacancy exclusions?      Yes      No

\*If contents are in storage, complete *Personal Property in Storage questionnaire*.