



Vacant Property Application

Vailo Insurance Services Ltd

Suite 430 – 250 Newport Drive, Port Moody, BC V3H 5H1

Phone: 604.829.3811 | Toll Free: 1.877.787.6737 | Website: www.vailo.ca

VACANT PROPERTY APPLICATION

GENERAL INFORMATION

Broker:	Contact Person:	Phone:
Name of Applicant(s) – including all subsidiaries:		
Is the Applicant(s) new to the broker:	<input type="checkbox"/> No <input type="checkbox"/> Yes	If no, how long have you known the Applicant:
Mailing Address:	Postal Code:	
Risk Location Address:	Postal Code:	
Website (if applicable):	Number of Years in Business:	
Business Operations:		
Previous Insurer:		
Expiry Date:	Expiring Premium:	

PROPERTY UNDERWRITING INFORMATION (COMPLETE FOR EACH LOCATION COVERED)

Prior use / occupancy of the building?		Percentage of building vacant:	
Excepted term of vacancy / unoccupancy?	Is the building slated for demolition?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Year built:
If over 30 years old, have there been any updates to the building:		<input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, Dates and Extent of Updates:		Roof:	
		Wiring:	
		Plumbing:	
		Heating:	
Adjacent Exposures:			
Indicate the following: Wall Construction:			
<input type="checkbox"/> Frame	<input type="checkbox"/> Brick and Wood Frame	<input type="checkbox"/> Masonry	
<input type="checkbox"/> Non-Combustible	<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Other:	
Roof Construction:			
<input type="checkbox"/> Wood Joist	<input type="checkbox"/> Plank on Timber	<input type="checkbox"/> Steel Deck	
<input type="checkbox"/> Concrete on Steel	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Other:	
Height of Building:	Heating Type:	<input type="checkbox"/> Forced Air	<input type="checkbox"/> Boiler <input type="checkbox"/> Electric <input type="checkbox"/> Other:
Total Building:	Applicant's Sqft:	Building Sprinklered:	<input type="checkbox"/> No <input type="checkbox"/> Yes %
Burglary Alarm System:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monitored	<input type="checkbox"/> Local <input type="checkbox"/> None
General Housekeeping:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Physical Condition:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Financial Position:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
Neighborhood:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor
1.	Has this risk ever been vacant or unoccupied previously?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please provide full details:
2.	Has the electricity been disconnected?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Has water and heating system been disconnected?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
4.	Is there any temporary heat?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
5.	Is all rubbish removed from the building and the premises?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
6.	Are all doors and windows securely closed and locked?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
7.	Is the building checked every 72 hours?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
8.	Is the building well lit in the evenings?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
9.	Is the building / premises enclosed by a fence?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

10. Is the building up for sale? No Yes

11. Will there be any renovations? No Yes If yes, please provide full details including the renovation budget:

COVERAGE REQUIREMENTS

PROPERTY COVERAGE	DEDUCTIBLE	CO-INS	LIMIT OF INSURANCE
Building	\$		\$
Detached Structures	\$		\$
Contents	\$		\$
Other:	\$		\$
Other:	\$		\$
LIABILITY COVERAGE	DEDUCTIBLE	CO-INS	LIMIT OF INSURANCE
Commercial General Liability – Premises Liability	\$	Not Applicable	\$
Other:	\$	Not Applicable	\$
Other:	\$	Not Applicable	\$

CLAIMS INFORMATION – ALL PROPERTY & LIABILITY

Describe any insured and uninsured losses having occurred in the past 5 years (please provide a description, date and amount of loss):

1. _____
2. _____
3. _____
4. _____

DECLARATION AND SIGNATURE

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 or a renewal, extension, or variation of the insurance applied for.

I / we declare that after proper enquiry the statements and particulars given above are true and that I /we have not misstated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / we undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: _____ Full Name: _____

Position: _____ Date: _____