

VACANT DWELLING APPLICATION

Name of Insured(s):		Requested Effective Date:	
Principals (if in a company name):			
Date of Birth: / / (mm/dd/yyyy)		Occupation:	
Mailing Address:	City:	Prov:	PC:
Location Address:	City:	Prov:	PC:
Loss Payable(s):			
Fire Protection: Distance to Fire Hydrant:		Distance to Firehall:	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
Building Description: <input type="checkbox"/> Detached Single Family Home <input type="checkbox"/> Other (describe):			
Construction: <input type="checkbox"/> Brick <input type="checkbox"/> Frame <input type="checkbox"/> Stone <input type="checkbox"/> Masonry <input type="checkbox"/> Log <input type="checkbox"/> Other (describe):			
Year Built:	Square Footage:	No. of Stories:	
Update Information: Electrical:	Heating:	Plumbing:	Roof:
How long has the property been vacant?		Why?	
What is the anticipated future of this building?		What will be the approximate duration of vacancy?	
Is a key in the hands of a competent person who checks the building within every 72 hours?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, who is this person and how often is the property checked?			
Is the property easily viewed from the road? <input type="checkbox"/> YES <input type="checkbox"/> NO	Size of lot:	Is the property on a paved road? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are there curtains in the windows?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If not, what measures have been taken to prevent from looking unoccupied?			
Is the property being maintained in a usable and salable condition at all times?			<input type="checkbox"/> YES <input type="checkbox"/> NO
What arrangements have been made to maintain the property and attend the grounds?			
Are any renovations being performed on the building? <input type="checkbox"/> YES <input type="checkbox"/> NO, If yes, please confirm by whom, cost, any structural:			
Prior Insurer:		Loss History:	
LIMITS REQUIRED: Building:	Contents (appliances only):	Liability:	

PLEASE READ BEFORE SIGNING This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon the information contained herein. Any misrepresentations or concealment in this application for insurance will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed. Signing this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued. For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada. 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 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.

NOTE: INSURANCE IS NOT IN EFFECT UNTIL TOWERHILL INSURANCE HAS ISSUED A BINDER NUMBER.

Signature of Applicant(s):		Date:
Signature of Broker:		Date:
Broker Firm:	Broker #:	
Broker Email:	Tel:	Fax #:

Towerhill Insurance Underwriters Inc. o/a Excess Underwriting is a Managing Underwriting Agent and a Coverholder at Lloyd's. The underwriting insurance carriers are various underwriters at Lloyd's of London.