***VACANCY QUESTIONNAIRE***

|  |  |  |
| --- | --- | --- |
| Insured`s Name: | Broker:  Broker Code: | Policy #: |
| Insured`s Mailing Address: | Branch: | Effective or Renewal Date: |
| Location: | Policy #: | Or New Policy |

**This questionnaire must be completed before a vacancy permit will be issued.   
Photographs of each building on the premises are required**.  
***Add additional information on an attached page if required.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How long has this property been vacant and for what reason? | | | | |
| How long will this property likely remain vacant? | | | | |
| Provide details of premise inspections (including name, address, relation to insured and frequency): | | | | |
| Name | | Address | | Relation |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
| Does the building have a functioning monitored alarm system for any of the following: | | | | |
| Fire | Burglary | | Temperature | |
| Has the power been disconnected? Yes  No | | | | |
| Has the water been shut off and the plumbing system drained? Yes  No | | | | |
| Are the doors and windows properly secured? Yes  No | | | | |
| If yes, provide details: | | | | |
| Has the heating remained on? Yes  No | | | | |
| Is this building located in an area that might allow transients or vandals to go relatively unnoticed? Yes  No | | | | |
| If yes, provide details: | | | | |
| Are the general maintenance, overall appearance and prospects for re-occupancy such that you can recommend this property for insurance? Yes  No | | | | |
| If no, provide details: | | | | |
| Are there any contents in the dwelling? Yes  No | | | | |
| If yes, is coverage required on the contents? No Yes  , what is their value: | | | | |
| Are there any outbuilding(s) at the insured location? Yes  No | | | | |
| If yes, is coverage required for the outbuilding(s): No Yes  , what is their value: | | | | |
| Does the insured have any other supporting business with the Economical Insurance Group? Yes  No | | | | |
| If yes, please provide the following: | | | | |
| Policy # | | | Company: | |
| Policy # | | | Company: | |

Broker Signature:       Date: