***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.***

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| --- |
| 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: