



# VACANCY PERMIT QUESTIONNAIRE

AGENT: \_\_\_\_\_ POLICY NO.: \_\_\_\_\_

INSURED: \_\_\_\_\_

ADDRESS OF RISK: \_\_\_\_\_

- Completed questionnaire required prior to issue of Vacancy Permit.
- Completed questionnaire required prior to renewal of Vacancy Permit.

Expiring \_\_\_\_\_

(If an extension beyond the above date is not required, this form need not be completed. However, we would appreciate your advice of same prior to the above date.)

**PLEASE COMPLETE THOSE SECTIONS INDICATED BY**

- 1. Reason for vacancy?
  - Owner or renter has moved.
  - Owner deceased.
  - Other (specify) \_\_\_\_\_
- 2. If premises for rent, what is anticipated occupancy date? \_\_\_\_\_  
If premises for sale, when is sale anticipated? \_\_\_\_\_
- 3. Have the contents been removed?  Yes  No  
If NO, what amount of coverage is now required? \$ \_\_\_\_\_
- 4. Who is looking after the property? \_\_\_\_\_  
How frequently is it checked? \_\_\_\_\_
- 5. Insured's Current Address: \_\_\_\_\_
  - a) Current town or city location \_\_\_\_\_
  - b) Current mailing address \_\_\_\_\_
- 6. Are we insuring Insured's present place of residence and/or contents?
  - Yes Homeowners \_\_\_\_\_ Tenants Pack \_\_\_\_\_ Policy No. \_\_\_\_\_
  - No Why not? \_\_\_\_\_
- 7. If vacant premises are mortgaged, are the mortgage payments up-to-date?
  - Yes
  - No How far in arrears? \_\_\_\_\_ Months  
Has foreclosure action been commenced?  
 No  Yes When? \_\_\_\_\_
- 8. Submit current picture.