



**Professional Insurance
Underwriting and
Marketing through Service
Integrity and Stability**

**Fax 1-877- FAX2SWG
(1-877-329-2794)
quotes@swgins.com
www.swgins.com**

VACANT COMMERCIAL PROPERTY APPLICATION

Broker _____ Date _____

City _____ Phone _____ Fax _____

APPLICANT INFORMATION

Name of Applicant _____

Mailing Address _____ Postal Code _____

Location of Property _____ Postal Code _____

Premises Previously Occupied As _____

Present Insurer _____ Expiry Date _____

Renewal Offered Yes No If no, why not? _____ Expiring Premium _____

Losses/Claims (Indicate Date/Type/Amount Paid) _____

Loss Payable _____

PROPERTY		CONSTRUCTION	DETAILS
# of stories		Basement	
Wall const.		Year of const.	
Roof type		Sq. Ft.	
Floor type		Type of heat	
Housekeeping	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Physical Cond.	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		

PROTECTION		UPDATES(YR)	
Distance to hydrants		Roof	
Distance to fire hall		Heat	
Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing	
Alarm System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wiring	
		# of amps	
		<input type="checkbox"/> C/B	<input type="checkbox"/> Fuses

PROPERTY	Fire & E.C	Basis of Loss Settlement	ACV
Coverage	Limit	Deductible	Co-Ins
Building			80% -- Provide ITV
Contents			80%

LIABILITY Premises Liability CGL Limit _____

PLEASE COMPLETE APPLICABLE SECTION(s)

VACANT BUILDINGS

1. Why is it vacant or unoccupied? _____
2. Has this property ever been vacant or unoccupied before? Yes No
3. How long has the property been vacant or unoccupied? _____
4. How long is it expected to be vacant or unoccupied? _____
5. Has the electricity been disconnected? Yes No
6. Have the water and heating system, if hot water heating, been drained? Yes No
7. Are there any adjacent vacant or unoccupied buildings? Yes No
If so, how far from the insured building(s)? _____
8. How far is this building from nearest occupied building? _____
9. Is there anyone making regular rounds of the premises? Yes No
10. If so, Who? _____ How Often? _____
11. Is the Insured financially sound? Yes No
12. Provide Details (i.e. mortgage amounts)
13. Is this vacancy or unoccupied building likely to occur seasonally? Yes No
14. Are the doors and windows securely closed and locked? Yes No
15. Is all rubbish removed from within and about the building(s) and premises? Yes No
16. Is the grass cut and all bushes, etc. cleared around all buildings? Yes No
17. What is the general physical condition of the property? _____

BROKER INFORMATION

- Is this New Business to your office? Yes No
- How long have you known applicant? _____
- Have you personally seen this property? Yes No
- Condition Good Fair Poor
- Is this client financially acceptable to your office? Yes No

Date _____

SUBMITTED BY: _____

E-MAIL: _____