

Optimum Insurance Company Inc.

VACANCY QUESTIONNAIRE		
Nan	ne of Insured:	Policy No.:
Add	ress of Location:	
1.	How long has this property been vacant and f	for what reason?
2.	What is the anticipated future of this building?	
3.	What will be the approximate duration of vaca	ancy?
4.	Are outside doors and windows fully secured and locked?	
5.		npetent person who checks the building from time to time?
	If so, who is this person and how often is the	property checked?
6.	Is the property secluded or easily viewed from the road?	
7.	Have any public utilities (hydro, telephone, wa	ater, gas) been left in service?
	If so, for what reasons?	
8.	Have all electrical appliances, if any, been dis	sconnected?
9.	Are there curtains in windows? If not, what means have been taken to prevent the building from looking unoccupied?	
10.	Is the property being maintained in a usable and saleable condition at all times?	
11.	What arrangements have been made to maintain the property and attend to the grounds?	
12.	Have you visited the property to verify the above answers?	
13.	Is the general maintenance, overall appearance recommend this property for insurance?	nce and prospects for re-occupancy such that you can
	DATE	APPLICANT'S SIGNATURE
	 DATE	BROKER'S SIGNATURE

A RECENT PHOTOGRAPH OF THIS RISK IN ITS CURRENT VACANT OR UNOCCUPIED STATE MUST ACCOMPANY THIS QUESTIONNAIRE.