

SUMAssure Municipal Insurance Vacancy Application



Please fill this application out for any locations which will be vacant for over 180 consecutive days

General Information

Name of Municipality: _____

Mailing Address: _____

City: _____ Province: SK Postal Code: _____

Phone: (306) Contact Name: _____

Fax: (306) Title: _____

Location Risk _____

City: _____ Province: SK Postal Code: _____

Building Details

What is the expectation for this property? _____

Is it secured? (fenced, boarded up, etc) Yes No

Is there an alarm system in place? Yes No

Are the utilities shut off? Yes No

Is the property being checked regularly? Yes No

Declaration and Signature

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. The applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued, and it will become part of the policy.

Signature: _____

Date: _____

Position: _____