**Vacant Residential Building – Renewal Questionnaire**

Insured Name:

Policy #:

Expiry Date:

Reason for continued Vacancy (please provide detail):

Have there been any changes in the insured’s financial position? Yes  No

Have there been any incidents on the premises that could give rise to a claim or increase in exposure on the premises? Yes  No

If yes, please explain:

Requested extension period (minimum 1 month increments):       # of months \*\*

*\*\*NOTE- Underwriters may not be able to meet your request in full – maximum duration of vacancy under our facility is 24 months in total (whether insured via Forward for that time period or not) – total vacancy duration is 24 months max.*

NOTICE - Coverage is NOT extended until such time as a Forward Underwriter/JET platform has provided you written confirmation in the form of policy documents. Coverage cannot be backdated.

**Please email this completed form to** [**personalprocessing@forwardinsurance.ca**](mailto:%20personalprocessing@forwardinsurance.ca)