



VACANT PROPERTIES APPLICATION

SierraSpecialty
389 Clovis Ave., Suite 100
Clovis, CA 93612
559-256-6900
559-256-6950 fax
866-814-9378 toll free
CA Ins. Lic. #0E81019
www.SierraSpecialty.com



SierraSpecialty

APPLICANT INFORMATION

NAME:
MAILING ADDRESS:
PROPOSED EFF DATE: FROM: TO: WEBSITE:
FORM OF BUSINESS: [] INDIVIDUAL [] PARTNERSHIP [] JOINT VENTURE [] CORPORATION
[] SUBCHAPTER "S" CORPORATION [] LIMITED CORPORATION [] NOT FOR PROFIT ORG [] OTHER
YEARS IN BUSINESS

GENERAL INFORMATION

1. Coverage Desired: [] Monoline Liability [] Monoline Property [] Package
2. Policy Term: [] 3 months [] 6 months [] 9 months [] 12 months [] Other:
3. How long has applicant owned property at this location?
4. How long has building been vacant?
5. Is building completely vacant? [] YES [] NO
If no please describe:
6. Is this a new purchase? [] YES [] NO
If so, what is the purchase price of property?
7. What is the reason for vacancy?
8. What is the intended disposition of property
[] Sell [] Rent [] Occupy [] Demolition [] Other:
9. What was the prior occupancy?
10. Is there a mortgagee on the property? [] YES [] NO
11. What is the expected length of vacancy?
12. How often is building checked? [] YES [] NO
By Whom?
13. Are any renovations planned for this location? [] YES [] NO
If yes, please describe:
14. Has Applicant or Majority partner filed for Bankruptcy in the past 5 years? [] YES [] NO
15. Is the Property Bank Owned, in foreclosure or is coverage forceplaced? [] YES [] NO
If Yes, please explain:



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PROPERTY INFORMATION:

1. Description of Premises:
Table with columns: Location of Property, Construction, Year Built, # of Stories, Square Footage, Updates to Building (Plumbing?, Electrical?, Heating?, Roof?)
2. Actual Cash Value of the Property?
3. How is building secured from unauthorized entry?
4. Any functional Alarm System(s) (Burglary, Fire)? [] YES [] NO
5. Are utilities operational? [] YES [] NO
6. Is Building sprinklered? [] YES [] NO
If yes is system operational?
7. Is the building damaged (Fire, wind damage, etc)? [] YES [] NO

GENERAL LIABILITY INFORMATION:

1. Limits Desired: [] \$300,000/\$600,000 [] \$500,000/\$1,000,000 [] \$1,000,000/\$2,000,000 [] Other: _____
2. Please describe the Insured premises:
Describe any specific hazards: (water exposures, outside storage, etc.)
Is there a swimming pool on the premises? [] YES [] NO
3. Is the building on a piece of land that is greater than 5 acres? [] YES [] NO
If yes how big is the land: _____

Remarks:

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____
Agency: _____ Producer Code: _____ Date: _____

*Signing this application does not bind the applicant or the company to complete the insurance.