



VACANT PROPERTIES APPLICATION

Named Insured: _____

Mailing Address: _____

GENERAL INFORMATION

1. Coverage Desired:	<input type="checkbox"/> Monoline Liability	<input type="checkbox"/> Monoline Property	<input type="checkbox"/> Package
2. Policy Term:	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other: _____		
3. How long has applicant owned property at this location?	_____		
4. How long has building been vacant?	_____		
5. Is building completely vacant?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If no please describe: _____			
6. Is this a new purchase?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what is the purchase price of property?			

7. What is the reason for vacancy?	_____		
8. What is the intended disposition of property	_____		
<input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Occupy <input type="checkbox"/> Demolition <input type="checkbox"/> Other: _____			
9. What was the prior occupancy?	_____		
10. What is the intended type of occupancy? (i.e.: single/multiple; retail/industrial)	_____		
11. Describe neighborhood (IE: Rural, Suburban, Commercial, Urban)	_____		
12. Is there a mortgagee on the property?			Yes <input type="checkbox"/> No <input type="checkbox"/>
13. What is the expected length of vacancy?	_____		
14. How often is building checked?			Yes <input type="checkbox"/> No <input type="checkbox"/>
By Whom? _____			
15. Is there a mortgagee on the property?			Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Are any renovations planned for this location?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe: _____			
17. Has Applicant or Majority partner filed for Bankruptcy in the past 5 years?			Yes <input type="checkbox"/> No <input type="checkbox"/>

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PROPERTY INFORMATION:

1. Cause of loss: <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special <input type="checkbox"/> Excluding Theft <input type="checkbox"/> Including Theft <input type="checkbox"/> Excluding Sprinkler Leakage <input type="checkbox"/> Excluding Vandalism

2. Description of Premises:					
Location of Property	Construction	Year Built	# of Stories	Square Footage	Updates to Building
					Plumbing? Electrical? Heating? Roof?

3. Actual Cash Value of the Property?		
4. Describe general condition of property?		
5. How is building secured from unauthorized entry?		
6. Any functional Alarm System(s) (Burglary, Fire)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Are utilities operational?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Is Building sprinklered? If yes is system operational?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Is the building damaged (Fire, wind damage, etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

GENERAL LIABILITY INFORMATION:

1. Limits Desired: <input type="checkbox"/> \$300,000/\$600,000 <input type="checkbox"/> \$500,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$2,000,000 <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>	
3. Is the building on a piece of land that is greater than 5 acres ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes how big is the land: _____	

VACANT APPLICATION

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.