



Vacant Building and Partially Vacant Buildings

VACANT BUILDING AND PARTIALLY VACANT BUILDINGS APPLICATION

All questions must be answered and application must be signed by applicant.

1. Named Insured: _____
2. Mailing Address: _____
3. Inspection Contact: _____ Phone Number: _____
4. E-mail Address: _____ Website address: _____
5. Coverage Desired: Monoline Liability Monoline Property Package
6. Policy Term: 3 months (100% Vacant only) 6 months 9 months Annual
7. Prior Carrier: _____ Expiration Date: _____
Is the expiring carrier canceling or non-renewing? Yes No
If Yes, please provide the reason and explanation: _____

8. Loss information for the past 3 years: None or provide details below

Year	# of Claims	Incurred Amounts	Description
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

SCHEDULE OF LOCATIONS

9. Please provide a complete schedule of all locations to be covered:

Loc #	Bldg #	Unit #	Street Address	City	State	Zip Code	Total Sq. Ft.	# of Stories	Year Built	Construction	Protection Class

GENERAL INFORMATION

10. Applicant is: Owner Tenant Other _____
11. What was the prior occupancy of the building? _____
12. What is the reason for vacancy? _____
13. Is the building completely vacant? Yes No
If No, please complete the Partially Vacant Building section.
14. What is the intended disposition? Sell Find lessee Occupy Demolish Other _____
15. Is the building (or if condo unit, the entire building in which unit is located) fire, windstorm or otherwise damaged? Yes No
16. Is the building locked and secured from unauthorized entry? Yes No

RENOVATION INFORMATION Not Applicable

17. Total Cost of the Project: _____
18. Estimated Completion Date: _____
19. Does any part of the project involve structural renovations? Yes No
20. Does any interior demolition work need to be done prior to commencement of project?
(answer does not effect liability eligibility) Yes No

21. If applicant is the tenant, will business operations be conducted prior to completion of the projects? Yes No
22. Who is performing the renovation work? (Check all that apply)
 Applicant and/or their volunteers Independent Contractors hired by the Applicant A General Contractor
23. Does applicant/contractor have 3 years of experience in conducting renovation projects?
 (answer does not effect liability eligibility) Yes No

INDEPENDENT CONTRACTORS COVERAGE Check if coverage is desired

24. Is the contractor required to carry General Liability insurance? Yes No
25. Is the contractor required to name the applicant as an Additional Insured? Yes No

LIABILITY INFORMATION Not Applicable

26. Limits Desired: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000
27. Is the building on a farm? Yes No
28. Is the building on a piece of land greater than 5 acres?
 If Yes, what is the total acreage? _____ Yes No
29. Is there a swimming pool on the premises? Yes No

Loc #	Bldg #	Existing Building Value	Building Improvement Value (if applicable)	Condo Covered Property	Total Insured Value	Co-Ins	Automatic Sprinkler (%)	Central Station Burglar Alarm?	Central Station Fire Alarm?

PROPERTY INFORMATION Not Applicable

30. Is the applicant aware of any storage of any chemical or pollutant on the premises? Yes No
31. Cause of Loss:
 Basic - excluding sprinkler leakage Special - excluding sprinkler leakage Special - excluding sprinkler leakage and theft (must have Central Station Alarm)

- Cause of Loss Eligibility:
- | | | |
|--|-------------------------------|--------------------------------|
| | Special | Basic Only |
| a. Heat will be maintained to prevent all plumbing, heating and/or fire protective systems from freezing (or water shut off and pipes drained if heat is not maintained) | <input type="checkbox"/> True | <input type="checkbox"/> False |
| b. Building has a flat roof that has been replaced or recoated within the past 10 years or a shingled roof has been replaced or resingled within the past 20 years | <input type="checkbox"/> True | <input type="checkbox"/> False |
| c. Plumbing is PVC or copper | <input type="checkbox"/> True | <input type="checkbox"/> False |

32. Would you like the rental value option? Yes No
 If Yes, please include a copy of the signed lease/contract
 Rental Value: \$ _____ (6 month maximum) Effective Date: _____

33. How long has the applicant owned the property? _____
34. How long has the property been vacant? _____
35. Are there any back taxes owed or tax liens on the property? Yes No
36. Has applicant or majority partner filed for bankruptcy in the past 5 years? Yes No
37. Has applicant ever previously been convicted of the felony of arson? Yes No
38. Have any tenants been evicted from the property in the past 60 days? Yes No
39. Is location a mobile home? Yes No

ADDITIONAL INSURED Not Applicable

40. Please advise all entities requesting to be added as Additional Insured on this policy:

Complete Name	Address	Interest

PARTIALLY VACANT BUILDING INFORMATION Not Applicable

41. What percent of the building is vacant? _____ %

42. Please provide a complete description of all occupancies (please note if owner-occupied)

Loc #	Description of Occupancy	Class Code	Premium Basis	Area

43. Is vacant portion locked and secured from unauthorized entry? Yes No
44. Is applicant currently evicting or planning to evict any current tenant? Yes No
45. Is all electric connected to functional circuit breakers? Yes No
46. Is there any aluminum or knob and tube wiring on the premises? Yes No
47. Is there an adequate number of adequately serviced fire extinguishers on the premises? Yes No
48. Are there functioning and operational smoke and/or heat detectors in all units and/or occupancies? Yes No
49. Are all permits obtained as required by law? Yes No
50. Has a valid certificate of occupancy been obtained for each tenant? Yes No
51. Business Personal Property (Owner occupied section only) _____ Co-Ins% _____
52. Business Income Limit _____ Co-Ins % or monthly limit _____
53. Request for Optional Coverages _____

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for non payment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature _____ Title _____ Date _____
(Owner or Officer)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker: _____

Address: _____

Mail complete application through local Agent or Broker to: _____