



Vacant Building Supplement

Name of Insured: _____

Location of Building:

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Building Construction:

Frame Joisted masonry Non-Comb. Mas. Non-comb. Fire Resist.

Number of stories _____ Total sq. ft. _____ Age of Building _____

1. How long has the building been vacant? _____
2. Prior Occupancy(ies): _____
3. Are any portions of the building occupied? Yes No (If yes, list below)
4. How frequently is the building visited? _____
5. Is the building: Locked & Secured Boarded Up
 Fully fenced (perimeter)
6. Is there a: Watchman 24 -hours Security service
 Central Station Burglar Alarm
7. Please indicate which Utilities are still "on": Heat Water Electric
 None
8. Intended disposition of property: Sale Rental Renovation
9. If Renovation, Planned start date of project: _____

Duration of project (months): _____

Details on renovation work: _____

Financial information:

1. Are all real estate taxes paid to date? Yes No
2. Are all mortgages paid to date? Yes No
3. Is the insured or any affiliate in bankruptcy or in process of filing bankruptcy?
 Yes No
4. Have any other buildings owned by the insured or any affiliate of the insured suffered a fire loss during the past 36 months? Yes No

The undersigned certifies that the answers herein are true and correct to the best of his/her knowledge. Signing of this application does not bind the insurer to complete the insurance but it is agreed that this form shall be the basis of a contract, should a policy be issued.

Signature of Applicant

Date

