



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.

- Named Insured: _____
- Mailing Address: _____
- Inspection Contact: _____ Phone Number: _____
- Email Address: _____ Website address: _____
- Coverage Desired: Monoline Liability Monoline Property Package
- Policy Term: 3 months (100% Vacant only) 6 months 9 months Annual
- 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 #	Street Address	City	State	Zip Code	Total Sq. Ft.	# of Stories	Year Built	Construction	Protection Class

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

GENERAL INFORMATION

- What is the prior occupancy of the building? _____
- What is the reason for vacancy? _____
- Is the building completely vacant? Yes No
If No, please complete the Partially Vacant Building section.
- What is the intended disposition? Sell Find lessee Occupy Demolish Other _____
- Is the building fire or otherwise damaged? Yes No
- Is the building locked and secured from unauthorized entry? Yes No
- Are there any insurance company loss control recommendations outstanding? Yes No
Please describe: _____

RENOVATION INFORMATION Not Applicable

- Provide complete details of all renovation projects: _____
- Total Cost of the Project: _____
- Estimated Completion Date: _____



20. Does any part of the project involve structural renovations? Yes No
21. Who is performing the renovation work? (Check all that apply)
- Applicant and/or their volunteers Independent Contractors hired by the Applicant A General Contractor

Only continue if the applicant is using an Independent or General Contractor:

22. Is the applicant the entity that is entering into the contract with the contractor? Yes No
23. Is the contractor required to carry General Liability insurance at a minimum of \$1,000,000? Yes No
24. Is the contractor required to name the applicant as an Additional Insured? Yes No
25. Are Certificates of Insurance obtained to confirm status as 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? Yes No
- If Yes, what is the total acreage? _____
29. Is there a swimming pool on the premises? Yes No

ADDITIONAL INSUREDS Not Applicable

Complete Name	Address	Interest

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

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

PROPERTY INFORMATION Not Applicable

22. Please provide additional property information on all locations to be covered:
31. Cause of Loss: Basic - excluding sprinkler leakage Special - excluding sprinkler leakage Special - excluding sprinkler leakage and theft
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. Have any tenants been evicted from the property in the past 60 days? Yes No
38. Is the applicant aware of any prior use, storage, or manufacture of any chemical, pollutant or water products on the premises? Yes No



PARTIALLY VACANT BUILDING INFORMATION **Not Applicable**

39. What percent of the building is vacant? _____ %
40. What measures have been taken to keep tenants/others out of the vacant section of the building? _____
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41. Is all electric connected to functional circuit breakers? Yes No
42. Is there any aluminum or knob and tube wiring on the premises Yes No
43. Is there an adequate number of functional fire extinguishers and smoke detectors on the premises? Yes No
44. Are all permits obtained as required by law? Yes No
45. Has a valid certificate of occupancy been obtained for each tenant? Yes No
46. Building Occupancy _____ Rate Base _____ Owner Operated Yes No
 Building Occupancy _____ Rate Base _____ Owner Operated Yes No
 Building Occupancy _____ Rate Base _____ Owner Operated Yes No
 Building Occupancy _____ Rate Base _____ Owner Operated Yes No
 Building Occupancy _____ Rate Base _____ Owner Operated Yes No
47. Business Personal Property (Owner occupied section only) _____ Co-Ins% _____
48. Business Income Limit _____ Co-Ins % or monthly limit _____
49. Request for Optional Coverages _____

Fraud Statement: Any person who knowingly and with the intent to defraud any insurance company or other person, files and 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 may subject such person to criminal and/or civil penalties and other sanctions.

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 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 may render inaccurate, untrue or incomplete any statement made with the 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."

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: _____