

## **VACANT COMMERCIAL APPLICATION FORM**

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

ELIGIBILITY QUESTIONS					
A la cabiab about to the account to be to come to					
1. In which state is the property to be insured:					
2. Please confirm the type of property to be insured:	Residential	Commercial	Farm		Other
3. Please enter the period the property has been vacant:	0-6 Months	7-24 Months	25-36 Months	3	7+ Months
4. Has the property to be insured been continuously covered	ed by a policy of p	roperty insurance sinc	e becoming vacant?	Yes	No
5. Is the building(s) to be insured secured against unauthor	ized entry?			Yes	No
<b>6.</b> Has the applicant had any policy of property insurance of (three) years for reasons other than vacancy? (Not applications please select 'No'.):				Yes	No
If the answer above is Yes, were they for any of the following a linear no longer writing class of business? Insurer no longer writing class of business in territer no longer qualifying for an Admitted Carrier process. Loss History?	tory?			Yes	No
7. Has the applicant ever been involved in any bankruptcy	proceedings and/	or convicted of arson	or insurance fraud?		
8. Is the property to be insured subject to mortgage foreclo	sure proceedings	or tax liens?			
9. Has the property to be insured been condemned or is it	scheduled for den	nolition?		Yes	No
<b>10.</b> Existing structural damage to building(s) to be insured?					
<b>11.</b> Is the property to be insured subject to more than two m or a mortgage provided by an individual or entity other the					
12. Is the property to be insured undergoing any renovation	n or construction w	vork of any kind, or is a	any such work due to o	commenc	e while
insurance is in effect?				Yes	No
If the answer above is "yes" please answer the following qu	uestion				
13. Is the renovation or construction work (i) being performe	ed by a contractor	or owner where proje	ect costs exceed \$400,	000; or (ii	) involve
structural work or structural repairs being performed by any	person?			Yes	No
	GENERAL D	ETAILS			
Name and Mailing Address of Applicant:					
	04-4-		7:		
	_ State		∠ıp code		
Telephone	Email				
Address of Property to be Insured:					
	State		Zip code		
Name and Address of Retail Broker:					
	State		Zip code		

## **CONTACT DETAILS**

COVERAGE AND PROPERTY DETAILS  14. Period of Insurance: 3 Months 6 Months 9 Months Annual 15. Enter Protection Class:	Contact Name	
14. Period of Insurance: 3 Months 6 Months 9 Months Annual 15. Enter Protection Class:	Telephone Email	
16. Total sq footage of building to be insured including outbuildings:	COVERAGE AND PROPERTY DETAILS	
19. Construction Type Frame Joisted Masonry Non Combustible Masonry Non Combustible Modified Fire Resistive Fire Resist 20. Age of Building or complete building upgrade in? (This includes plumbing, electric, roof) 0-30 Years 31-50 Years Over 50 Years 21. Number of Floors of Main Building to be insured:	16. Total sq footage of building to be insured including outbuildings:  17. Is Vacant Condominium Unit Owners Coverage required? Yes No	
26. Wind and Hail Deductible per occurrence: \$500 \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$25,000  27. All Other Perils Deductible (excluding Wind Peril): \$500 \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$25,000  28. Type of Quote: Basic Special 29. Is Vandalism cover required? Yes No  30. Is Sprinkler Leakage cover required? Yes No  31. Is TRIA coverage required? Yes No  32. Estimated Renovation or Construction Work Project Costs:  33. Description of Renovation or Construction Work:  34. Is Work being undertaken by a Contractor? Yes No  35. What CGL Limit carried by the Contractor? 300k 500k 1m  36. Premises Liability: Yes No  37. Premises Liability: Limits: \$100,000/200,000 \$300,000/600,000 \$500,000/1,000,000 \$1,000,000/2,000,000  38. Is there a parking lot at the property to be insured? Yes No 39. Enter whether it is fenced and posted (No Trespassing): Yes No  40. How often is the building to be insured inspected by the applicant or the applicant's representative? Daily Weekly Monthly Other  41. Which Utilities are operational: Electricity only Water only Electricity & Water None  42. Is there a fully functional Central Station Burglar Alarm with active monitoring contact? Yes No  43. Prior use of building to be insured when last occupied?  44. Have there been any insured or uninsured losses or claims at the property to be insured?  Yes No  Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired:	<ul> <li>19. Construction Type: Frame Joisted Masonry Non Combustible Masonry Non Combustible Modified Fire Resistive Fire In the Language of Building or complete building upgrade in? (This includes plumbing, electric, roof) 0-30 Years 31-50 Years Over 50 Years Nomber of Floors of Main Building to be insured:</li> <li>22. Are there any other Structures to be insured? Yes Nomber 23. Value of Other Structure(s):</li> </ul>	
35. What CGL Limit carried by the Contractor? 300k 500k 1m 36. Premises Liability: Yes No 37. Premises Liability: Limits: \$100,000/200,000 \$300,000/600,000 \$500,000/1,000,000 \$1,000,000/2,000,000 38. Is there a parking lot at the property to be insured? Yes No 39. Enter whether it is fenced and posted (No Trespassing):Yes No 40. How often is the building to be insured inspected by the applicant or the applicant's representative? Daily Weekly Monthly Other 41. Which Utilities are operational: Electricity only Water only Electricity & Water None 42. Is there a fully functional Central Station Burglar Alarm with active monitoring contact? Yes No 43. Prior use of building to be insured when last occupied?  44. Have there been any insured or uninsured losses or claims at the property to be insured? Yes No Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired:	26. Wind and Hail Deductible per occurrence: \$500 \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$25,000  27. All Other Perils Deductible (excluding Wind Peril): \$500 \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$25,000  28. Type of Quote: Basic Special 29. Is Vandalism cover required? Yes No  30. Is Sprinkler Leakage cover required? Yes No  31. Is TRIA coverage required? Yes No  32. Estimated Renovation or Construction Work Project Costs:	
No 39. Enter whether it is fenced and posted (No Trespassing):Yes No 40. How often is the building to be insured inspected by the applicant or the applicant's representative? Daily Weekly Monthly Other Electricity are operational: Electricity only Water only Electricity & Water None 41. Which Utilities are operational Central Station Burglar Alarm with active monitoring contact? Yes No 43. Prior use of building to be insured when last occupied?  44. Have there been any insured or uninsured losses or claims at the property to be insured? Yes No Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired:	35. What CGL Limit carried by the Contractor? 300k 500k 1m	
40. How often is the building to be insured inspected by the applicant or the applicant's representative? Daily Weekly Monthly Other 41. Which Utilities are operational: Electricity only Water only Electricity & Water None 42. Is there a fully functional Central Station Burglar Alarm with active monitoring contact? Yes No 43. Prior use of building to be insured when last occupied?  44. Have there been any insured or uninsured losses or claims at the property to be insured? Yes No  Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired:	<b>37.</b> Premises Liability Limits: \$100,000/200,000 \$300,000/600,000 \$500,000/1,000,000 \$1,000,000/2,000,000	
44. Have there been any insured or uninsured losses or claims at the property to be insured?  Yes  No  Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired:	40. How often is the building to be insured inspected by the applicant or the applicant's representative? Daily Weekly Monthly C 41. Which Utilities are operational: Electricity only Water only Electricity & Water 42. Is there a fully functional Central Station Burglar Alarm with active monitoring contact? Yes	Other None
Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired:		No
45. Identify all mortgagees, lien holders and additional loss payees (if any, including account numbers and outstanding amounts):	Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has	_
	45. Identify all mortgagees, lien holders and additional loss payees (if any, including account numbers and outstanding amounts):	<u> </u>
46. If required, please enter below details of Additional Insured:	46. If required, please enter below details of Additional Insured:	_

## **DECLARATION**

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

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 AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature	Retail Broker's Signature
Date	Date