



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

- 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 37+ Months
- 4 Has the property to be insured been continuously covered by a policy of property insurance since becoming vacant? Yes No
- 5 Is the building(s) to be insured secured against unauthorized entry? Yes No
- 6 Has the applicant had any policy of property insurance cancelled or non-renewed in the past (three) years for reasons other than vacancy? (Not applicable to risks located in MO. For MO risks please select 'No'.):

 Yes No

 If the answer above is Yes, were they for any of the following reasons only:

 Insurer no longer writing class of business?
 Insurer no longer writing class of business in territory? Risk no longer qualifying for an Admitted Carrier program? Loss History?

 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 foreclosure proceedings or tax liens? _____
- 9 Has the property to be insured been condemned or is it scheduled for demolition? _____
- 10 Existing structural damage to building(s) to be insured? _____
- 11 Is the property to be insured subject to more than two mortgages or other encumbrances or a mortgage provided by an individual or entity other than a financial institution? _____
- 12 Is the property to be insured undergoing any renovation or construction work of any kind, or is any such work due to commence while insurance is in effect? Yes No

If the answer above is "yes" please answer the following question

13 Is the renovation or construction work (i) being performed by a contractor or owner where project costs exceed \$400,000; or (ii) involve structural work or structural repairs being performed by any person? Yes No

GENERAL DETAILS

Name and Mailing Address of Applicant: _____
State: _____ Zip Code: _____ Telephone #: _____ Email: _____

Address of Property to be Insured: _____
State: _____ Zip Code: _____

Name and Address of Retail Broker: _____
State: _____ Zip Code: _____

CONTACT DETAILS

Contact Name _____
Telephone #: _____ Email: _____

COVERAGE AND PROPERTY DETAILS

14 Period of Insurance: 3 Months 6 Months 9 Months Annual

15 Enter Protection Class: _____

16 Total sq footage of building to be insured including outbuildings: _____

17 Is Vacant Condominium Unit Owners Coverage required? Yes No

18 Value of Building:(Total value of Main Building excluding Other Structure(s)): _____

19 Construction Type: Frame Non-Combustible Modified Fire Resistive
Masonry

Joisted Non-Combustible Fire Resistive
Masonry

20 Age of Building or complete building upgrade in? (This includes plumbing, electric, roof) 0-30 Years 31-50 Years 50+ Years

21 Number of Floors of Main Building to be insured: _____

22 Are there any other Structures to be insured? Yes No _____

23 Value of Other Structure(s): _____

24	Do you require business personal property?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
25	Value of personal property to be insured:		<hr/>	
26	Wind and Hail Deductible per occurrence:	\$500 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>	\$7,500 <input type="checkbox"/>
		\$1,000 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>
				\$25,000 <input type="checkbox"/>
27	All Other Perils Deductible (excluding Wind Peril):	\$500 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>	\$7,500 <input type="checkbox"/>
		\$1,000 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>
				\$25,000 <input type="checkbox"/>
28	Type of Quote		Basic <input type="checkbox"/>	Special <input type="checkbox"/>
29	Is Vandalism cover required		Yes <input type="checkbox"/>	No <input type="checkbox"/>
30	Is Sprinkler Leakage cover required?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
31	Is TRIA coverage required?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
32	Estimated Renovation or Construction Work Project Costs:		<hr/>	
33	Description of Renovation or Construction Work:			
34	Is Work being undertaken by a Contractor?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
35	What CGL Limit carried by the Contractor?	300K <input type="checkbox"/>	500K <input type="checkbox"/>	1M <input type="checkbox"/>
36	Premises Liability:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
37	Premises Liability Limits:	\$100,000/ 200,000 <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"/>
38	Is there a parking lot at the property to be insured?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
39	Enter whether it is fenced and posted (No Trespassing):		Yes <input type="checkbox"/>	No <input type="checkbox"/>
40	How often is the building to be insured inspected by the applicant or the applicant's representative?	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
				Other <input type="checkbox"/>
41	Which Utilities are operational:	Electricity Only <input type="checkbox"/>	Water Only <input type="checkbox"/>	Electricity & Water <input type="checkbox"/>
				None <input type="checkbox"/>
42	Is there a fully functional Central Station Burglar Alarm with active monitoring contact?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

45 Identify all mortgagees, lien holders and additional loss payees (if any, including account numbers and outstanding amounts):

46 If required, please enter below details of Additional Insured:

47 Is there a parking lot at the property to be insured?

Yes

No

48 If yes, is it fenced and posted?

Yes

No

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: _____ Date: ____/____/____

Retail Broker's Signature: _____ Date: ____/____/____