

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+ 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'.):
7. Is the applicant currently involved in bankruptcy proceedings?
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 damage to building(s) to be insured?
11. Is the property to be insured subject to more than two mortgages or other encumbrances?
12. Has the applicant been convicted of the crimes of arson or insurance fraud?
13. 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
14. 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

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: Fire Resistive Frame Masonry non combustible Other
20. Age of Building or complete building upgrade in? (This includes plumbing, electric, roof) 0-25 Years 26-50 Years Over 50 Years
21. Number of Floors of Main Building to be insured: _____
22. Are there any other Structures to be insured? Yes No & " Value of Other Structure(s): _____
- 2(. Do you require business personal property? Yes No2) . Value of personal property to be insured: _____
- 2* . Wind and Hail Deductible per occurrence: \$500 \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$25,000
- 2+. All Other Perils Deductible (excluding Wind Peril): \$500 \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$25,000
- 2, . Type of Quote: Basic Special & " Is Vandalism cover required? Yes No
- ' \$. Is Sprinkler Leakage cover required? Yes No 3% Is TRIA coverage required? Yes No
- 3& Estimated Renovation or Construction Work Project Costs: _____
- 3' . Description of Renovation or Construction Work: _____
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- 3(. Is Work being undertaken by a Contractor? Yes No
- 3) . What CGL Limit carried by the Contractor? 300k 500k 1m
- 3* . Premises Liability: Yes No
- 3+. Premises Liability limits: \$100,000/200,000 \$300,000/600,000 \$500,000/1,000,000 \$1,000,000/2,000,000
- 3, . Is there a parking lot at the property to be insured? Yes No 3- . Enter whether it is fenced and posted (No Trespassing):Yes No
- (\$. How often is the building to be insured inspected by the applicant or the applicant's representative? Daily Weekly Monthly Other
- 4% Which Utilities are operational Electricity only Water only Electricity & Water None
- 4& Is there a fully functional Central Station Burglar Alarm with active monitoring contact? Yes No
- 4' . Prior use of building to be insured when last occupied? _____
- 4(. 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: _____
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- 4) . Identify all mortgagees, lien holders and additional loss payees (if any, including account numbers and outstanding amounts): _____
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- 4* . If required, please enter below details of Additional Insured: _____
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- 4+. Is there a parking lot at the property to be insured? Yes No 4, . If yes, is it fenced and posted? Yes No
- 4- " Requested effective date: _____

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 _____