



Vacant Building Supplemental

Named Insured: _____ Location Address: _____ City, State, Zip: _____ County: _____	Producers Name & Address
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Inspection Contact Name: _____ Telephone #: _____
 How long has the applicant owned property at this location: _____ How long has the building been vacant? _____
 Reason for vacancy: _____
 Number of mortgages: _____ Year roof last replaced? _____ Is total property size > 1.5 acre? YES NO
 What is the intended disposition? Sell Find Lessee Occupy Demolish Other _____

Is the building completely vacant? If no, explain: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the building locked & secured?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there protective safeguards in place? If yes, what types? <input type="checkbox"/> Active Central Station Fire Alarm <input type="checkbox"/> Active Central Station Burglar Alarm <input type="checkbox"/> Active Sprinkler System - % of building covered ____% <input type="checkbox"/> Watchman – 24 hours	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does applicant or a representative of the applicant visit the property at least every two weeks?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the parking lot on the premises fenced, closed off or posted against trespassing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has applicant filed for bankruptcy or been foreclosed on in the last 7 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the building listed on a historic registry?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is heat maintained or the pipes drained? Temperature maintained: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the building to be renovated? If yes:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the renovation work cost more than \$25,000 (if yes, our OCP program may be of interest to you)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there any structural work to be done?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has the applicant been non-renewed or refused coverage in the last three years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any water hazards on the premises? If yes, what type? <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Hot Tub <input type="checkbox"/> Pond <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any nuisance hazards on premise (swing sets, vehicles, debris, trampoline, fuel tanks, underground tanks, etc.) If yes, what type? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the building fire or otherwise damaged?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the building have a wood shingle roof?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the building have Knob & Tube wiring, Aluminum wiring of fuses?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IMPORTANT NOTICE: COVERAGE WILL BE FOR PREMISES LISTED ONLY

FRAUD STATEMENT: Any person who knowingly and with the intent to defraud any insurance company or other person, files an 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 shall also be subject to a civil penalty.

WARRANTIES: I/we warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE

Signature of Applicant X _____ Date: _____ (Owner, Officer or Partner)

Signature of Agent X _____ Date: _____ (Licensed Agent)