

**GENERAL APPLICANT INFORMATION**

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Location Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Same as Mailing  
 Inspection Contact Name \_\_\_\_\_  
 Inspection Contact Phone \_\_\_\_\_

**DESIRED COVERAGE**

Property  General Liability

**DESIRED TERM**

Annual  9 months  6 months  3 months

**TYPE OF VACANT EXPOSURE**

Applicant is the owner of a building that is 100% vacant Total sq. ft. \_\_\_\_\_  
 Applicant is the owner of a condo unit that is 100% vacant Total sq. ft. \_\_\_\_\_  
 Applicant is the owner of a building that is partially vacant Total sq. ft. \_\_\_\_\_  
 Description & sq. ft. of all tenant occupancies \_\_\_\_\_  
 Applicant is the tenant leasing space that is currently vacant Total sq. ft. \_\_\_\_\_

**PROPERTY UNDERWRITING INFORMATION & ELIGIBILITY**

Building limit \_\_\_\_\_

Business Personal Property limit \_\_\_\_\_

Desired Property deductible:

Desired Coinsurance:

\$500  \$2,500  \$10,000  80%  90%  100%  
 \$1,000  \$5,000  \$25,000

1. Have there been any Property losses in the past three years? Yes  No

| Date of Loss | Description of Loss | Open/Closed? | Amount Paid | Reserve |
|--------------|---------------------|--------------|-------------|---------|
|              |                     |              |             |         |
|              |                     |              |             |         |
|              |                     |              |             |         |

2. Please select the construction type of the building:

Frame  Joisted Masonry  Non-Combustible  
 Masonry Non-Combustible  Modified Fire Resistive  Fire Resistive

3. Please provide the protection class of the building \_\_\_\_\_

4. Please provide the year of original construction \_\_\_\_\_

5. Is the building plumbing PVC or copper? Yes  No

6. Have all HVAC systems been updated in the past 25 years? Yes  No

7. Please confirm the type of roof and year of most recent recoating or replacement \_\_\_\_\_

8. Is there a loss payee that needs to be added? Yes  No

| Name | Interest | Address |
|------|----------|---------|
|      |          |         |
|      |          |         |

9. Is any demolition work scheduled or planned in the future? Yes  No
10. Will there be any renovation work performed during the policy period? Yes  No
- If yes, please confirm the cost of the renovation work \_\_\_\_\_
  - If yes, please answer the following questions:

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Will the renovations involve structural work?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are certificates of insurance required from all subcontractors or is the applicant performing the renovation work?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the insured or contractor performing the work have at least 3 yrs of experience in conducting renovation projects?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the renovations include any building additions other than situations where all buildings are frame construction and/or additions are being added to any side of the building?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the project involve bridges, dams, tunnels, bubble buildings, green houses, waste water facilities, airport hangars, silos, chemical petroleum energy, co-generation tanks, or radio, TV and communication towers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are exterior operations limited to a maximum of four stories in height or fifty feet from grade level?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the renovation work started?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**GENERAL LIABILITY UNDERWRITING INFORMATION & ELIGIBILITY**

Please select the desired General Liability limit:

- \$100,000/\$200,000       \$300,000/\$600,000       \$1,000,000/\$1,000,000
- \$100,000/\$300,000       \$500,000/\$500,000       \$1,000,000/\$2,000,000
- \$300,000/\$300,000       \$500,000/\$1,000,000       \$1,000,000/\$3,000,000

11. Have there been any General Liability losses in the past three years? Yes  No

| Date of Loss | Description of Loss | Open/Closed? | Amount Paid | Reserve |
|--------------|---------------------|--------------|-------------|---------|
|              |                     |              |             |         |
|              |                     |              |             |         |
|              |                     |              |             |         |

12. Is the building located on a piece of land greater than five acres? Yes  No

13. Is there a mortgagee that needs to be added as an additional insured? Yes  No

| Name | Interest | Address |
|------|----------|---------|
|      |          |         |
|      |          |         |

14. Please confirm the number of years this location has been vacant/unoccupied?

**GENERAL UNDERWRITING INFORMATION & ELIGIBILITY**

|    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 15 | Any past, pending or planned bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the last five years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16 | Has coverage been cancelled or non-renewed in the past three years for any reason other than the building being vacant (not applicable in Missouri)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17 | Is the building locked and secured from unauthorized entry?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18 | Is the building currently damaged (fire or otherwise)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19 | Is the applicant the owner of all properties or the tenant required to insure the building (if building coverage is requested)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20 | Is the location a mobile home?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21 | Has any tenant been evicted from the property in the past 60 days and/or is any tenant in the process of being evicted?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22 | Is the building located on a farm?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23 | Is there a swimming pool at the location?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_