

VACANT DWELLING 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.

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

1. What type of Cover would you like? Property Package
 2. Period of Insurance required: Three months Six months Nine months Annual
 3. Total Value of building(s) to be insured: _____
 4. Premises Liability limits: \$25,000 \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000
 5. Requested Effective Date: _____
 6. Construction Type: Fire Resistive Frame Masonry non combustible Other
 7. Protection Class: _____ 7a. Total Sq Footage of building to be insured including outbuildings: _____
 8. Age of Building or complete building upgrade in? (This includes plumbing, electric, roof) 0-25 Years 26-50 Years Over 50 Years
 9. Is Vandalism and Malicious Mischief cover required? Yes No
 10. Are there any other Structures to be insured? Yes No 11. Value of Other Structure(s): _____
 Please provide a brief description: _____
 12. All Other Perils Deductible (excluding Wind Peril): \$500 \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$25,000
 13. Wind and Hail Deductible per occurrence: \$500 \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$25,000
 14. How often is the building to be insured inspected by the applicant or the applicant's representative? Daily Weekly Monthly Other
 15. Which Utilities are operational Electricity only Water only Electricity & Water None
 16. Is there a fully functional Central Station Burglar Alarm with active monitoring contact? Yes No
 17. 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: _____

COVERAGE AND PROPERTY DETAILS (continued)

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

19. If required, please enter below details of Additional Insured: _____

ELIGIBILITY QUESTIONS

20. In which State is the property to be insured: _____

21. Please confirm the type of property to be insured: Residential Commercial Farm Other

22. Please enter the period the property has been vacant: 0-6 months 7-13 months 14+ months

23. Has the property to be insured been continuously covered by a policy of property insurance since becoming vacant? Yes No

24. Is the building(s) to be insured secured against unauthorized entry? Yes No

25. Has the applicant had any policy of property insurance cancelled or non-renewed in the past 3 (three) years for reasons other than vacancy? (Not applicable to risks located in MO. For MO risks please select 'No'.):

26. Is the applicant currently involved in bankruptcy proceedings?

27. Is the property to be insured subject to mortgage foreclosure proceedings or tax liens?

28. Has the property to be insured been condemned or is it scheduled for demolition?

29. Existing damage to building(s) to be insured?

30. Is the property to be insured subject to more than two mortgages or other encumbrances?

31. Has the applicant been convicted of the crimes of arson or insurance fraud?

Yes No

32. 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

33. Is the renovation or construction work (i) being performed by a contractor or owner where project costs exceed \$250,000; or (ii) involve structural work or structural repairs being performed by any person? Yes No

SUPPLEMENTARY RENOVATION QUESTIONS (WHERE APPLICABLE)

34. Estimated Renovation or Construction Work Project Costs: _____

35. Description of Renovation or Construction Work: _____

36. Is Work being undertaken by a Contractor? Yes No

37. What CGL Limit carried by the Contractor? 300k 500k 1m

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 _____