

Simple Vacant Dwelling / Building Application

Named Insured : _____

Location Address : _____ State: _____ Zip: _____

Mailing Address: _____ State: _____ Zip: _____

Inspection Contact & Phone No. : _____

Years owning this location: : _____

Building Information

Year Built : _____ Square Footage : _____ No. of Stories: _____ Protection Class: _____

No of Buildings at this location : _____

Type of Wiring: Copper Aluminum Electrical: Circuit Breakers Fuses

Construction of Bldg. : Frame JM MNC or Fire Resistive Other : _____

Updates : (year) Wiring _____ / Roof _____ / Plumbing _____ / HVAC _____

Type of Roof : _____ Does the property have a pool: Yes No

Protection

Is the property locked and secured ? : Yes No Alarmed ? : Yes No If yes type of Alarm : _____

If alarmed is it on and operational ? Yes No

Any other security measures on property or in bldg. ? _____

How frequently is the property visited or inspected : _____

Are heat & Utilities maintained : Yes No Is the water shut off : Yes No

General

Building Vacant since : _____ Prior Occupancy _____

Intended plan with property : (sale, rental, renovation etc) _____

Any history of bankruptcy? Yes No Unpaid Taxes: Yes No

Is mortgage paid to date: Yes No

Any liens (other than mortgage against the property): Yes No

Valuation

Replacement Cost Value: _____ Square Footage: _____

ACV value: _____

Renovation Cost: _____

What Renovations are being completed? _____

Other Coverage Limits Requested?

Coverage B:

Coverage C:

Liability Limits:

Term: 3 Months 6 Months 9 Months 12 Months

Claims History

Any losses in the last 3 – 5 years: Yes No

If so please provide full details (DOL, Claim details, paid, open or closed): _____

Does the building have any current damage: Yes No

If yes please provide details:

Applicable in the State of New York: Any person who knowingly and with intent to defraud any insurance company or other person files and application for insurance or statement of claims 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 not to exceed five thousand dollars and the stated value of the claim for each such violation.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims 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 such person to criminal and civil penalties.

Producers Signature: _____

Date: _____

Applicants Signature:

Date: _____

Agency Name: _____