

# VACANT BUILDING APPLICATION CAUSES OF LOSS – BASIC FORM

## PRODUCER INFORMATION

[ ] NEW BUSINESS [ ] RENEWAL/ REWRITE  
Policy No. \_\_\_\_\_ Previous Policy No. \_\_\_\_\_

WHEN SUBMITTING YOUR FIRST APPLICATION, INCLUDE A COPY OF YOUR PRODUCER LICENSE AND REGISTERED FIRM LICENSE (IF APPLICABLE)

PRODUCER NAME AND ADDRESS: \_\_\_\_\_

PRODUCER CODE: \_\_\_\_\_ RETAILER ID: \_\_\_\_\_

PERSON TO CONTACT: \_\_\_\_\_

FEDERAL ID / SOCIAL SECURITY #: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

## APPLICANT INFORMATION

**ALL** REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED.

APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

APPLICANT IS: [ ] INDIVIDUAL [ ] PARTNERSHIP [ ] CORPORATION [ ] OTHER (SPECIFY) \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP

**ATTACH ORIGINAL CURRENT PHOTOS (NO COPIES) OF FRONT AND REAR FOR EACH STRUCTURE TO BE INSURED**

Loc #	Bldg #	Limit	Coverage
		\$	Building (ACV or Purchase Price , if purchased within past year)
		\$	Renovations (Total amount that will be spent to improve building)
		\$	Brand New Construction (Completed Value when finished—GL coverage not available)
		\$	Personal Property (Coverage not available if renovating)
		\$	Total Location Limit
		\$	Deductible

Coverage				Premium Amount	
Property				\$	
General Liability	Limit:	\$		\$	
Adjustment to Minimum				\$	
Total Premium				\$	
Mine Subsidence (if applicable)				\$	
Terrorism Risk Insurance Act Coverage Desired?	( )	Yes	( )	No	\$
Surcharge				\$	
Policy Fee (\$25-3 mo, \$50-6 mo, \$100-12 mo)				\$	
Total with applicable surcharges & fees				\$	

HOW LONG HAS APPLICANT OWNED BUILDING? \_\_\_\_\_ ACTUAL CASH VALUE \$ \_\_\_\_\_

IF PURCHASED WITHIN PAST YEAR, INDICATE PURCHASE PRICE \$ \_\_\_\_\_ DATE OF PURCHASE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH / DAY / YEAR

PRIOR USE OF BUILDING WHEN OCCUPIED? \_\_\_\_\_

INTENDED DISPOSITION OF RISK (SELL, RENT, OCCUPY SELF, SEASONAL): \_\_\_\_\_ SQ. FOOTAGE: \_\_\_\_\_

ARE REGULAR CHECKS MADE TO PREMISES? [ ] YES [ ] NO IF "YES", HOW OFTEN? \_\_\_\_\_

BY WHOM? \_\_\_\_\_ IS BUILDING SECURED? [ ] YES [ ] NO NO. OF STORIES: \_\_\_\_\_

IS LOT SIZE MORE THAN 5 ACRES? \_\_\_\_\_ NO. OF DWELLING / RETAIL UNITS: \_\_\_\_\_ YEAR BUILT: \_\_\_\_\_

CONSTRUCTION TYPE: \_\_\_\_\_

DATE VACATED: \_\_\_\_\_  
MONTH / YEAR

PROTECTION CLASS: \_\_\_\_\_

NOTE! IF MOBILEHOME, IS IT ANCHORED DOWN & COMPLETELY SKIRTED? [ ] YES [ ] NO

IS THERE A POOL, POND, LAKE OR TRAMPOLINE ON THE PREMISES? [ ] YES [ ] NO IS THERE A PARKING LOT? [ ] YES [ ] NO  
IF "YES", IS THE PARKING LOT FENCED, CLOSED OFF TO OTHERS OR POSTED FOR NO TRESPASSING? [ ] YES [ ] NO

DESCRIBE NEIGHBORHOOD: \_\_\_\_\_

DESCRIBE GENERAL CONDITION OF BUILDING: \_\_\_\_\_

IS INTERIOR OF BUILDING FREE OF GARBAGE, DEBRIS, REFUSE, ETC.? [ ] YES [ ] NO

IS THERE AN ACTIVE CENTRAL STATION FIRE / BURGLAR ALARM? [ ] YES [ ] NO

IS THE HEAT MAINTAINED OR ARE THE PIPES DRAINED? [ ] YES [ ] NO IS THERE AN ACTIVE SPRINKLER SYSTEM? [ ] YES [ ] NO

**WILL BUILDING BE UNDERGOING RENOVATIONS OF ANY KIND DURING THE POLICY TERM?** [ ] YES [ ] NO

**"IF YES", WILL ANYONE OTHER THAN THE APPLICANT BE DOING ANY OF THE WORK?** [ ] YES [ ] NO

STATE THE TOTAL AMOUNT THAT WILL BE SPENT TO IMPROVE THE BUILDING: \$ \_\_\_\_\_

**CHECK ALL BOXES BELOW THAT DEFINE THE WORK BEING DONE:** (IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEET.)

[ ] REPLACING BATHROOM FIXTURES [ ] REPLACING ROOF [ ] REPLACING WINDOWS [ ] SIDING OR PAINTING EXTERIOR

[ ] REPLACING KITCHEN CABINETS [ ] REPLACING FLOORS [ ] REPLACING EXTERIOR DOORS [ ] GUTTING THE PREMISES

[ ] REPLACING PLUMBING/ HEATING/ ELECTRICAL [ ] PAINTING [ ] OTHER (SPECIFY): \_\_\_\_\_

**RENOVATIONS ARE DEFINED AS ANY KIND OF REMODELING, REPAIR WORK OR IMPROVEMENTS, INCL. ADDITIONS, BUT NOT NEW CONSTRUCTION.**

**IF APPLICABLE:** STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: \_\_\_\_\_

IS WINDSTORM POOL COVERAGE AVAILABLE? [ ] YES [ ] NO

**MORTGAGEE OR LOSS PAYEE INFORMATION**

**WE WILL NOT ACCEPT INDIVIDUALS AS MORTGAGEES,  
ONLY AS LOSS PAYEES.**

MORTGAGEE OR LOSS PAYEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**LOSS INFORMATION**

PRIOR CARRIER: \_\_\_\_\_

AMOUNT **DESCRIPTION OF LOSSES – DAMAGES REPAIRED?** [ ] YES [ ] NO

TOTAL LOSSES PAST 3 YEARS: \$ \_\_\_\_\_

(indicate "NONE" if no losses)

**THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.**

\_\_\_\_\_  
Original Signature of Producer (Required)

\_\_\_\_\_  
Original Signature of Applicant (Required)

Date \_\_\_\_\_

\_\_\_\_\_  
Official Title (If Applicable) Date

**MAKE CHECKS PAYABLE TO:**

Mail checks to: