



VACANT COMMERCIAL 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.

ELIGIBILITY QUESTIONS

1. Do you have more than one vacant location to insure? Yes No
2. In which state is the property to be insured: _____
3. Please confirm the type of property to be insured: Residential Commercial Farm Other
4. Please enter the period the property has been vacant: 0-6 Months 7-24 Months 25+ Months
5. Has the property to be insured been continually covered by a property insurance policy, without any lapse or interruption of coverage, since becoming vacant? Yes No
6. Is the building(s) to be insured secured against unauthorized entry? Yes No

7. Has the applicant had any policy of property insurance cancelled or non-renewed in the past (three) years for reasons other than vacancy? (Not applicable to risks located in MO. For MO risks please select 'No'.): Yes No
If the answer above is Yes, were they for any of the following reasons only:

- Insurer no longer writing class of business?
 - Insurer no longer writing class of business in territory?
 - Risk no longer qualifying for an Admitted Carrier program?
 - Loss History?
- Yes No

8. Have there been more than three (3) losses, claims or circumstances, OR one (1) loss, claim or circumstance exceeding \$25,000, at the property to be insured or any other property owned/rented by applicant in the past three (3) years, excluding natural catastrophe events?

9. Is there an open or unresolved loss, claim or circumstance involving the property to be insured? Yes No

10. Has the applicant ever been involved in any bankruptcy proceeding, or convicted of arson or insurance fraud?

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

12. Was the property to be insured previously occupied as a hotel, motel, church, golf club, or school?

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

14. Are there any evictions taking place or scheduled to take place at the property to be insured?

15. Is the property to be insured recognized as a historical property/building or listed on the National Register of Historic Places?

16. Is there wood shake roofing on any of the property to be insured?

17. Is the property or properties located in a landslide, forest fire or brush fire area (with less than 200 feet brush clearance)?

18. Existing structural damage to building(s) to be insured?

19. Is the property to be insured subject to more than two mortgages or other encumbrances or a mortgage provided by an individual or entity other than a financial institution?

20. 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

21. Is the renovation or construction work (i) being performed by a contractor or owner where project costs exceed \$400,000; or (ii) involve structural work or structural repairs being performed by any person? Yes No

22. Is the property a community association entity -- such as a homeowners, co-operative or condominium association, or its board of directors -- of four or more units? Yes No

APPLICANT 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

YEAR BUILT: _____
YEAR OF ROOF: _____

23. Period of Insurance: 3 Months 6 Months 9 Months Annual 24. Enter Protection Class: _____
25. Total sq footage of building to be insured including outbuildings: _____
26. Is Vacant Condominium Unit Owners Coverage required? Yes No 27. Basis Of Loss Settlement: ACV RCV
28. Value of Building:(Total value of Main Building excluding Other Structure(s)): _____
29. Construction Type: Frame Joisted Masonry Non Combustible Masonry Non Combustible Modified Fire Resistive Fire Resistive
30. Age of Building or complete building upgrade in? (This includes plumbing, electric, roof) 0-30 Years 31-50 Years Over 50 Years
31. When was the roof last replaced? 0-25 Years 26-50 Years Over 50 Years 32. Would you like to apply a roof exclusion? Yes No
33. Basis of Loss Settlement for the roof: ACV RCV 34. Would you like to apply a Cosmetic roof exclusion? Yes No 35. Number of Floors : _____
36. Are there any other Structures to be insured? Yes No 36a. Value of Other Structure(s): _____
- 36b. Please provide a brief description of the other structure: _____
37. Do you require business personal property cover? Yes No
- 37a. Value of business personal property to be insured: _____
38. Type of Quote: Basic Special
39. Wind and Hail Deductible per occurrence: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000
40. All Other Perils Deductible (excluding Wind Peril) \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000
41. Do you wish to buy coverage for Theft of Building Materials? Yes No 42. Do you wish to purchase? Yes No
43. Is Vandalism cover required? Yes No 44. Is Sprinkle leakage cover required? Yes No 45. Is TRIA coverage required? Yes No
46. Renovation or Construction Work Project Costs: _____
47. Description of Renovation or Construction Work: _____
48. Is Work being undertaken by a Contractor? Yes No 49. What CGL Limit carried by the Contractor? 300k 500k 1m
50. Premises Liability: Yes No 51. Premises Liability Limits: \$100,000/200,000 \$300,000/600,000 \$500,000/1,000,000 \$1,000,000/2,000,000
52. Is there a parking lot at the property to be insured? Yes No 53. Enter whether it is fenced and posted (No Trespassing): Yes No
54. Would you like to offer a building Theft Sublimit? No \$5,000 \$10,000 \$25,000
55. Please select a Theft Deductible \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000
56. Would you like to apply Water Damage Exclusion? Yes No
57. Please select a Water Damage Sublimit Option: Full Limit \$5,000 \$10,000 \$15,000 \$25,000
58. Please select a Water Damage Deductible: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000
59. How often is the building to be insured inspected by the applicant or the applicant's representative?
- Daily Weekly Monthly Other
60. Which Utilities are operational:
- Electricity only Water only Electricity & Water None
61. Is there a fully functional Central Station Burglar Alarm with active monitoring contact? Yes No

COVERAGE AND PROPERTY DETAILS(continue)

62. Prior use of building to be insured when last occupied? _____

63. Have there been any insured or uninsured losses or claims at the property to be insured? Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired:

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

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

66. Is there a parking lot at the property to be insured? Yes No **66.** If yes, is it fenced and posted? Yes No

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 _____