



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.

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 25-48 Months 49+ 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? Yes No
- Insurer no longer writing class of business in territory?
- Risk no longer qualifying for an Admitted Carrier program?
- Loss History?

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 proceedings and/or convicted of arson or insurance fraud?

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

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

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

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

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

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

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

18. 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?

19. 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

20. 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

21. Is this a manufactured home? Yes No

22. Is the manufactured home on a permanent foundation or secured to the ground with approved tie downs and anchors, and does the manufactured home have permanent skirting? Yes No

23. 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: _____

24. Protection Class: _____	25. Period of Insurance: 3 Months	6 Months	9 Months	Annual
26. Total Sq Footage of building to be insured including outbuildings:_____				
27. Is Vacant Condominium Unit Owners Coverage required? Yes No				
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) 0-35 Years 36-50 Years Over 50 Years				
31. When was the roof last replaced? 0-25 Years 26-50 Years Over 50 Years				
32a. Are there any other Structures to be insured? Yes No		32b. Value of Other Structure(s):_____		
33. Please provide a brief description:_____				
34. Do you require personal property? Yes No				
35. Value of personal property to be insured:_____				
36. Wind and Hail Deductible per occurrence: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000				
37. All Other Perils Deductible (excluding Wind Peril): \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000				
38. Type of Quote: DP-1 DP-3				
39. Estimated Renovation or Construction Work Project Costs:_____				
40. Description of Renovation or Construction Work:_____				
41. Is Work being undertaken by a Contractor? Yes No		42. What CGL Limit carried by the Contractor? 300k 500k 1m		
43. Would you like to apply a roof exclusion? Yes No		44. Would you like to apply a cosmetic roof exclusion? Yes No		
45. Basis of Loss Settlement for the Roof ACV RCV		46. Basis of Loss Settlement: ACV RCV		
47. Is Vandalism and Malicious Mischief cover required? Yes No		48. Do you wish to buy coverage for Theft of Building Materials: Yes		
49. Would you like to buy coverage for the peril of Earthquake? Yes No		50. Do you wish to purchase Yes No		
51. Would you like to apply a Coverage A Theft Exclusion? Yes No				
52. Please select a Coverage A Theft sublimit option: FullLimit \$5,000 \$10,000 \$15,000 \$25,000				
53. Please select a Coverage A Theft Deductible: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000				
54. Would you like to apply Water Damage Exclusion? Yes No				
55. Please select a Water Damage sublimit option: FullLimit \$5,0000 \$10,000 \$15,000 \$25,000				
56. Please select a Water Damage Deductible: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000				
57. Premises Liability: Yes No				
58. Premises Liability limits: \$25,000 \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000				
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: Electric only Water only Electric & Water None				
61. Is there a fully functional Central Station Burglar Alarm with active monitoring contact? Yes No				
62. 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:				
63. Identify all mortgagees, lien holders and additional loss payees (if any, including account numbers and outstanding amounts):_____				
64. If required, please enter below details of Additional Insured:				

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 _____