



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 No
- 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 | \$5,000 | \$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 _____