

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 QU	JESTIONS			
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	25-36 Months		37+ Months
5. Has the property to be insured been continually covered by a property insurance policy, without any lapse or				Yes	No
interruption of coverage, since becoming vacant?					No
6. Is the building(s) to be insured secured against unauthor	ized entry?				
7. Has the applicant had any policy of property insurance c reasons other than vacancy? (Not applicable to risks locate If the answer above is Yes, were they for any of the following	ed in MO. For MO			Yes	No
- Insurer no longer writing class of business?					
 Insurer no longer writing class of business in territor Risk no longer qualifying for an Admitted Carrier p Loss History? 				Yes	No
8. Have there been more than three (3) losses, claims or c exceeding \$25,000, at the property to be insured or any ot (3)years, excluding natural catastrophe events?					
9. Is there an open or unresolved loss, claim or circumstan	nce involving the p	roperty to be insured?	2	Yes	No
10. Has the applicant ever been involved in any bankruptc	y proceeding, or c	onvicted of arson or in	nsurance fraud?	103	110
11. Is the property to be insured subject to mortgage forec	losure proceeding	s or tax liens?			
$\ensuremath{\textbf{12}}$. Was the property to be insured previously occupied as	a hotel, motel, ch	urch, golf club, or sch	ool?		
$\ensuremath{\textbf{13}}. \ensuremath{\text{Has}} \text{the property to be insured been condemned or is in the property of the second s$	it scheduled for de	molition?			
14. Are there any evictions taking place or scheduled to tak	ke place at the pro	perty to be insured?			
15 . Is the property to be insured recognized as a historical Places?	property/building	or listed on the Nation	nal Register of Historic		
16. Is there wood shake roofing on any of the property to b	be insured?				
17 . Is the property or properties located in a landslide, fore clearance)?	est fire or brush fire	area (with less than	200 feet brush		
18. Existing structural damage to building(s) to be insured?	?				
19 . Is the property to be insured subject to more than two is an individual or entity other than a financial institution?	mortgages or othe	r encumbrances or a	mortgage provided by		
20. Is the property to be insured undergoing any renovation insurance is in effect?	n or construction w	ork of any kind, or is	any such work due to c	omme Yes	nce while No
If the answer above is "yes" please answer the following qu	uestion				
21. Is the renovation or construction work (i) being perform	ed by a contractor	or owner where proj	ect costs exceed \$400,0	000; o	r(ii) involve
structural work or structural repairs being performed by any	y person?			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	
22. Period of Insurance: 3 Months 6 Months 9 Months Annual 23. Enter Protection Class:	
24. Total sq footage of building to be insured including outbuildings:	
25. Is Vacant Condominium Unit Owners Coverage required? Yes No	
26. Value of Building:(Total value of Main Building excluding Other Structure(s)):	
27. Construction Type: Frame Joisted Masonry Non Combustible Masonry Non Combustible Modified Fire Resistive Fire Res	sistive
28. Age of Building or complete building upgrade in? (This includes plumbing, electric, roof) 0-30 Years 31-50 Years Over 50 Yea	rs
29. When was the roof last replaced? 0-25 Years 26-50 Years Over 50 Years	
30 . Number of Floors of Main Building to be insured:	
31. Are there any other Structures to be insured? Yes No 31a. Value of Other Structure(s):	
32. Do you require business personal property? Yes No 32a. Value of personal property to be insured:	
33. Wind and Hail Deductible per occurrence: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,0	00
34. All Other Perils Deductible (excluding Wind Peril) \$1,000 \$2,500 \$5,000 \$10,000 \$15,000 \$25,000	100
35. Type of Quote: BasicSpecial 36. Is Vandalism cover required? YesNo	
37.Do you wish to buy coverage for Theft of Building Materials: Yes No 38. Is Sprinkle leakage cover required? Yes No	
39. Is TRIA coverage required? Yes No	
40.Renovation or Construction Work Project Costs:	
41.Description of Renovation or Construction Work:	
42 Is Work being undertaken by a Contractor? Yes No	
43.What CGL Limit carried by the Contractor? 300k 500k 1m	
44. Premises Liability: Yes No	
45 . Premises Liability Limits: \$100,000/200,000 \$300,000/600,000 \$500,000/1,000,000 \$1,000,000/2,000,000	
46 . Is there a parking lot at the property to be insured? Yes No 47 Enter whether it is fenced and posted (No Trespassing): Yes	No
	Othe
49. Which Utilities are operational: Electricity only Water only Electricity & Water None	
50. Is there a fully functional Central Station Burglar Alarm with active monitoring contact? Yes No.	,
51. Prior use of building to be insured when last occupied?	
52. 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:	
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53.Identify all mortgagees, lien holders and additional loss payees (if any, including account numbers and outstanding amounts):	
54. If required, please enter below details of Additional Insured:	

55. Is there a parking lot at the property to be insured? Yes No

56. 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 _____