

## 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 25-36 Months 37+ 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

**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**

23. Protection Class: \_\_\_\_\_ 24. Period of Insurance: 3 Months 6 Months 9 Months Annual
25. Total Sq Footage of building to be insured including outbuildings: \_\_\_\_\_
26. Is Vacant Condominium Unit Owners Coverage required? Yes No
27. Value of Building: (Total value of Main Building excluding Other Structure(s)): \_\_\_\_\_
28. Construction Type: Frame Joisted Masonry Non Combustible Masonry Non Combustible Modified Fire Resistive Fire Resistive
29. Age of Building or complete building upgrade in? (This includes plumbing, electric, roof) 0-35 Years 36-50 Years Over 50 Years
30. When was the roof last replaced? 0-25 Years 26-50 Years Over 50 Years
- 31a. Are there any other Structures to be insured? Yes No 31b. Value of Other Structure(s): \_\_\_\_\_
32. Please provide a brief description: \_\_\_\_\_
33. Do you require personal property? Yes No
34. Value of personal property to be insured: \_\_\_\_\_
35. Wind and Hail Deductible per occurrence: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000
36. All Other Perils Deductible (excluding Wind Peril): \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000
37. Type of Quote: DP-1 DP-3
38. Estimated Renovation or Construction Work Project Costs: \_\_\_\_\_
39. Description of Renovation or Construction Work: \_\_\_\_\_
40. Is Work being undertaken by a Contractor? Yes No
41. What CGL Limit carried by the Contractor? 300k 500k 1m
42. Is Vandalism and Malicious Mischief cover required? Yes No 43. Do you wish to buy coverage for Theft of Building Materials: Yes No
44. Premises Liability: Yes No
45. Premises Liability limits: \$25,000 \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000
46. How often is the building to be insured inspected by the applicant or the applicant's representative? Daily Weekly Monthly Other
47. Which Utilities are operational: Electricity only Water only Electricity & Water None
48. Is there a fully functional Central Station Burglar Alarm with active monitoring contact? Yes No
49. 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: \_\_\_\_\_
- \_\_\_\_\_
50. Identify all mortgagees, lien holders and additional loss payees (if any, including account numbers and outstanding amounts): \_\_\_\_\_
- \_\_\_\_\_
51. 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 \_\_\_\_\_