

VACANT PROPERTY PROGRAM APPLICATION

APPLICANT INFORMATION

Name _____ Telephone _____
Mailing Address _____ City, State, Zip _____
Contact Name _____ Policy Term _____
Location of Vacant Property _____

Property Limit Requested: Building \$ _____ (80% Coins) Deductible \$ _____

Purchase Price \$ _____ Cost of Additions/Alterations \$ _____

Valuation: ACV _____ Replacement Cost _____ Other _____

Perils Requested: Fire _____ E.C. _____ Vandalism _____ Other _____

Gen'l Liability Limits: Occurrence \$ _____ Gen'l Aggregate \$ _____ Medical Payments \$ _____

Date purchased or acquired _____ Building has been vacant since _____

Prior Occupancy _____

Year Built _____ Year Renovated _____ Year Systems Upgraded _____

No. of Stories _____ Type of Construction _____ Year Roof Replaced _____

Intended Disposition of Property (i.e., sell, rent, occupy, renovate) _____

Describe neighborhood - i.e., rural, commercial, residential _____

Describe general condition of building _____

Describe unrepaired damage, if any _____

How often are regular checks made to premises? _____ Photos attached? _____

Is building clear/secured/alarmed? _____ Utilities operational? _____

Insured's Loss History (all locations) _____

Bankruptcy Status _____ Previous Carrier _____

Mortgagee _____

Other information/comments _____
