



## Vacant Building and Partially Vacant Buildings

### VACANT BUILDING AND PARTIALLY VACANT BUILDINGS APPLICATION

All questions must be answered and application must be signed by applicant.

1. Named Insured: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Inspection Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_
4. Email Address: \_\_\_\_\_ Website address: \_\_\_\_\_
5. Coverage Desired: ☐ Monoline Liability ☐ Monoline Property ☐ Package
6. Policy Term: ☐ 3 months (100% Vacant only) ☐ 6 months ☐ 9 months ☐ Annual
7. Prior Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Is the expiring carrier canceling or non-renewing? ☐ Yes ☐ No  
If Yes, please provide the reason and explanation: \_\_\_\_\_

8. Loss information for the past 3 years: ☐ None or provide details below

Year	# of Claims	Incurred Amounts	Description
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

### SCHEDULE OF LOCATIONS

9. Please provide a complete schedule of all locations to be covered:

Loc #	Bldg #	Street Address	City	State	Zip Code	Total Sq. Ft.	# of Stories	Year Built	Construction	Protection Class

### GENERAL INFORMATION

10. What is the prior occupancy of the building? \_\_\_\_\_
11. What is the reason for vacancy? \_\_\_\_\_
12. Is the building completely vacant? ☐ Yes ☐ No  
If No, please complete the Partially Vacant Building section.
13. What is the intended disposition? ☐ Sell ☐ Find lessee ☐ Occupy ☐ Demolish ☐ Other \_\_\_\_\_
14. Is the building fire or otherwise damaged? ☐ Yes ☐ No
15. Is the building locked and secured from unauthorized entry? ☐ Yes ☐ No
16. Are there any insurance company loss control recommendations outstanding? ☐ Yes ☐ No  
Please describe: \_\_\_\_\_

### RENOVATION INFORMATION ☐ Not Applicable

17. Provide complete details of all renovation projects: \_\_\_\_\_  
\_\_\_\_\_
18. Total Cost of the Project: \_\_\_\_\_
19. Estimated Completion Date: \_\_\_\_\_
20. Does any part of the project involve structural renovations? ☐ Yes ☐ No



21. Who is performing the renovation work? (Check all that apply)

☐ Applicant and/or their volunteers

☐ Independent Contractors hired by the Applicant

☐ A General Contractor

**Only continue if the applicant is using an Independent or General Contractor:**

22. Is the applicant the entity that is entering into the contract with the contractor?

☐ Yes ☐ No

23. Is the contractor required to carry General Liability insurance at a minimum of \$1,000,000?

☐ Yes ☐ No

24. Is the contractor required to name the applicant as an Additional Insured?

☐ Yes ☐ No

25. Are Certificates of Insurance obtained to confirm status as Additional Insured?

☐ Yes ☐ No

**LIABILITY INFORMATION** ☐ Not Applicable

26. Limits Desired: ☐ \$100,000/\$200,000 ☐ \$300,000/\$600,000 ☐ \$500,000/\$1,000,000 ☐ \$1,000,000/\$2,000,000

27. Is the building on a farm?

☐ Yes ☐ No

28. Is the building on a piece of land greater than 5 acres?

☐ Yes ☐ No

If Yes, what is the total acreage? \_\_\_\_\_

29. Is there a swimming pool on the premises?

☐ Yes ☐ No

**ADDITIONAL INSURED** ☐ Not Applicable

30. Please advise all entities requesting to be added as Additional Insured on this policy:

Complete Name	Address	Interest

**PROPERTY INFORMATION** ☐ Not Applicable

Loc #	Bldg #	Existing Building Value	Building Improvement Value (if applicable)	Total Insured Value	Co-Ins	Mortgage Amount	Automatic Sprinkler (%)	Burglar Alarm?	Central Station Fire Alarm?

22. Please provide additional property information on all locations to be covered:

31. Cause of Loss:

☐ Basic - excluding sprinkler leakage

☐ Special - excluding sprinkler leakage

☐ Special - excluding sprinkler leakage and theft

32. Would you like the rental value option?

☐ Yes ☐ No

If Yes, please include a copy of the signed lease/contract

Rental Value: \$\_\_\_\_\_ (6 month maximum) Effective Date: \_\_\_\_\_

33. How long has the applicant owned the property? \_\_\_\_\_

34. How long has the property been vacant? \_\_\_\_\_

35. Are there any back taxes owed or tax liens on the property?

☐ Yes ☐ No

36. Has applicant or majority partner filed for bankruptcy in the past 5 years?

☐ Yes ☐ No

37. Have any tenants been evicted from the property in the past 60 days?

☐ Yes ☐ No

38. Is the applicant aware of any prior use, storage, or manufacture of any chemical, pollutant or water products on the premises?

☐ Yes ☐ No



**PARTIALLY VACANT BUILDING INFORMATION** ☐ Not Applicable

39. What percent of the building is vacant? \_\_\_\_\_ %
40. What measures have been taken to keep tenants/others out of the vacant section of the building? \_\_\_\_\_
41. Is all electric connected to functional circuit breakers? ☐ Yes ☐ No
42. Is there any aluminum or knob and tube wiring on the premises ☐ Yes ☐ No
43. Is there an adequate number of functional fire extinguishers and smoke detectors on the premises? ☐ Yes ☐ No
44. Are all permits obtained as required by law? ☐ Yes ☐ No
45. Has a valid certificate of occupancy been obtained for each tenant? ☐ Yes ☐ No
- |                              |                 |   |
|------------------------------|-----------------|---|
| 46. Building Occupancy _____ | Rate Base _____ | Owner Operated <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Building Occupancy _____     | Rate Base _____ | Owner Operated <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Building Occupancy _____     | Rate Base _____ | Owner Operated <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Building Occupancy _____     | Rate Base _____ | Owner Operated <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Building Occupancy _____     | Rate Base _____ | Owner Operated <input type="checkbox"/> Yes <input type="checkbox"/> No |
47. Business Personal Property (Owner occupied section only) \_\_\_\_\_ Co-Ins% \_\_\_\_\_
48. Business Income Limit \_\_\_\_\_ Co-Ins % or monthly limit \_\_\_\_\_
49. Request for Optional Coverages \_\_\_\_\_

**Applicant's Warranty Statement:** The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky Fraud Statement:** 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.

**Maine Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.



**New York Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

**Tennessee and Virginia Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Owner or Officer)

Broker's Signature \_\_\_\_\_

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker \_\_\_\_\_

Address: \_\_\_\_\_

Mail complete application through local Agent or Broker to: \_\_\_\_\_