



VACANT PROPERTIES SUPPLEMENTAL APPLICATION
(Complete in addition to Acord Application)

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| APPLICANT INFORMATION: | |
| NAME: | |
| LOCATION ADDRESS: | |
| EFFECTIVE DATE: | |
| EXPIRATION DATE: | |
| POLICY TERM: | <input type="checkbox"/> 3 MONTHS <input type="checkbox"/> 6 MONTHS <input type="checkbox"/> 9 MONTHS <input type="checkbox"/> 12 MONTHS |
| All questions must be answered, and application signed by applicant: | |
| 1. How long has applicant owned property at this location? | |
| 2. How long has the building been vacant? | |
| 3. Is building completely vacant? <input type="checkbox"/>Yes <input type="checkbox"/> No | |
| If No, please describe: | |
| 4. Is this a new purchase? <input type="checkbox"/>Yes <input type="checkbox"/> No | |
| If so, what is the purchase price of property? | |
| 5. What is the reason for vacancy? | |
| 6. What is the intended disposition of the building? <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Occupy <input type="checkbox"/> Demolition <input type="checkbox"/> Other _____ | |
| If up for sale, what is listed selling price? | |
| 7. What was prior occupancy? | |
| 8. What is the expected length of vacancy? | |
| 9. Are any renovations planned for this location? <input type="checkbox"/>Yes <input type="checkbox"/> No | |
| If Yes, please describe: | |
| What is total cost of renovations? | |
| Any structural work to be completed? <input type="checkbox"/>Yes <input type="checkbox"/> No | |
| 10. Are there any government, municipal orders to vacate or demolish the building? <input type="checkbox"/>Yes <input type="checkbox"/> No | |
| 11. Have any tenants been evicted from the property in the last 60 days or in the process of being evicted? <input type="checkbox"/>Yes <input type="checkbox"/> No | |
| 12. Is the building locked and secured from unauthorized entry? <input type="checkbox"/>Yes <input type="checkbox"/> No | |
| Describe measures: | |
| 13. How often is building checked? <input type="checkbox"/> Daily <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly | |
| By whom? | |
| 14. Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/>Yes <input type="checkbox"/> No | |
| 15. Any functional Alarm System(s): <input type="checkbox"/>Yes <input type="checkbox"/> No | |
| Burglar alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central Station <input type="checkbox"/> Local | |
| Fire alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central Station <input type="checkbox"/> Local | |
| 16. Are all Real Estate taxes paid? <input type="checkbox"/>Yes <input type="checkbox"/> No | |
| 17. Is there a mortgage on the property? <input type="checkbox"/>Yes <input type="checkbox"/> No | |
| If Yes, are all mortgage obligations paid to date <input type="checkbox"/>Yes <input type="checkbox"/> No | |
| 18. Has Applicant or Majority partner filed for Bankruptcy in the past 5 years? <input type="checkbox"/>Yes <input type="checkbox"/> No | |
| 19. Is the Property Bank Owned, in foreclosure, or is coverage force-placed? <input type="checkbox"/>Yes <input type="checkbox"/> No | |
| If Yes, please explain: | |
| 20. Are there any aluminum or knob and tube wiring on the premises? <input type="checkbox"/>Yes <input type="checkbox"/> No | |
| 21. Are all utilities (electrical, water, heat) operational? <input type="checkbox"/>Yes <input type="checkbox"/> No | |
| 22. Is heat maintained in 100% of the building? <input type="checkbox"/>Yes <input type="checkbox"/> No | |
| If No, have the pipes been drained including the sprinkler system (if applicable)? <input type="checkbox"/>Yes <input type="checkbox"/> No | |
| 23. Is the building damaged (Fire, Wind, Water, Vandalism)? <input type="checkbox"/>Yes <input type="checkbox"/> No | |
| If Yes, please describe: | |



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| 24. How many HVAC units on/near the building? | |
| Any cages or security measures taken to protect the HVAC equipment against theft? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, please describe: | |
| 25. Is there a swimming pool on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, is it drained and fenced? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. Is the building on a piece of land that is greater than 5 acres? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, how big is the land? | |
| 27. If an Urban area with public foot traffic and in a cold weather climate, is there a snow removal contract or other measures in place for the clearance of public sidewalks? <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Remarks: | |

STATE FRAUD STATEMENTS

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas: 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.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: 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 claimants with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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

Kentucky: 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.

Louisiana: 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.

Maine: 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 denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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

New Mexico: 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 civil fines and criminal penalties.

New York: 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



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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: Any person who, with the 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: 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.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Pennsylvania: 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.

Rhode Island: 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.

Tennessee: 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.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: 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.

Washington: 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.

West Virginia: 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.

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____
Title: _____
Agency: _____
Producer Code: _____
Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance**