

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	QUES	TIONS					
1. In which state is the property to be insured:			<u> </u>				011	
2. Please confirm the type of property to be insured:	Residential		Commercial		Farm		Other	
3. Please enter the period the property has been vacant:	0-6 Months	-	7-24 Months		25-36 Months	<u></u>	37+ Months	Ш
4. Has the property to be insured been continuously covered by a policy of property insurance since becoming vacant? Yes No								
5. Is the building(s) to be insured secured against unauthor	orized entry?					Yes	S 🗆 No 🗆	
6. Has the applicant had any policy of property insurance (three) years for reasons other than vacancy? (Not applications please select 'No'.):						Yes	s □ No□	
If the answer above is Yes, were they for any of the following reasons only: - Insurer no longer writing class of business? - Insurer no longer writing class of business in territory? - Risk no longer qualifying for an Admitted Carrier program? - Loss History?						Yes □ No □		
. 7. Has the applicant ever been involved in any bankrupto.	y proceedings a	nd/or o	convicted of ars	son or	insurance fraud?			
8. Is the property to be insured subject to mortgage forecl	osure proceedin	gs or t	ax liens?					
9. Has the property to be insured been condemned or is it scheduled for demolition? Yes □ No □					s □ No □			
"10. Existing damage to building(s) to be insured?								
"11. Is the property to be insured subject to more than two or a mortgage provided by an individual or entity other t								
1& Is the property to be insured undergoing any renovation	on or construction	n work	of any kind, or	is any	such work due to	comme	ence while	
insurance is in effect? Yes □ No □								
If the answer above is "yes" please answer the following of	uestion							
1' . Is the renovation or construction work (i) being perform structural work or structural repairs being performed by an	-	tor or o	owner where pr	oject	costs exceed \$400		r (ii) involve	
	APPLICAN	T DET	AILS					
Name and Mailing Address of Applicant:								
	State				Zin code			=
								_
Telephone								_
Address of Property to be Insured:								_
	State				_ Zip code			_
Name and Address of Retail Broker:								_
	State				_ Zip code			

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CONTACT DETAILS

Telephone Fmail	
COVERAGE	AND PROPERTY DETAILS
14. Protection Class:	15. Period of Insurance: 3 Months 6 Months 9 Months Annual
16. Total Sq Footage of building to be insured including outbuilding	gs:
17 . Is Vacant Condominium Unit Owners Coverage required?	Yes No No
18. Value of Building: (Total value of Main Building excluding Other	r Structure(s)):
19. Construction Type: Frame Joisted Masonry ☐ Non Combu	ustible Masonry Non Combustible Modified Fire Resistive Fire Resistiv
20. Age of Building or complete building upgrade in? (This includes	s plumbing, electric, roof) 0-3Í Years 🏧 -50 Years 💆 Uver 50 Years 🕻
21. When was the roof last replaced? 0-25 Years □\$26-50 Years	□₩Over 50 Years □
22. Are there any other Structures to be insured? Yes \(\square\) No \(\square\)	23. Value of Other Structure(s):
24. Please provide a brief description:	
25. Do you require personal property? Yes ☐ No ☐	
26. Value of personal property to be insured:	
27. Wind and Hail Deductible per occurrence: 5	500 🗆 \$1,000 🗀 \$2,500 🗀 \$5,000 🗀 \$7,500 🗀 \$10,000 🗀 \$25,000 🗀
28. All Other Perils Deductible (excluding Wind Peril): 5	500 🔲 \$1,000 🗖 \$2,500 🗖 \$5,000 🗖 \$7,500 🔲 \$10,000 🔲 \$25,000 🔲
29. Type of Quote: DP-1 DP-3 D	
30. Estimated Renovation or Construction Work Project Costs:	
31. Description of Renovation or Construction Work:	
32. Is Work being undertaken by a Contractor? Yes	l No □
33. What CGL Limit carried by the Contractor? 300k □] 500k □ ∰ m □
34. Is Vandalism and Malicious Mischief cover required? Yes] No □
85. Premises Liability: Yes ☐ No ☐	
36. Premises Liability limits: \$25,000 ☐ \$50,000 ☐ \$100,000	\$300,000 \$500,000 \$1,000,000
37. How often is the building to be insured inspected by the applica-	ant or the applicant's representative? ÁnDaily ☐ Weekly ☐ Monthly ☐ Other ☐
88. Which Utilities are operational:	ÄÖlectricity onlyÄ∰Á ater onlyÁ∰ÁÖlectricity & WaterÁ∰ÁPone □
39. Is there a fully functional Central Station Burglar Alarm with act	tive monitoring contact? Yes ☐ No ☐
40. Have there been any insured or uninsured losses or claims at the	the property to be insured? Yes ÁNo
Describe all prior losses or claims including the date, the nature been repaired:	e or occurrence, the status, the amount, and whether the damage has
41. Identify all mortgagees, lien holders and additional loss payees	s (if any, including account numbers and outstanding amounts):
42. If required, please enter below details of Additional Insured:	

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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