



**VACANT COMMERCIAL 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.

**GENERAL 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**

1. What type of Cover would you like? Property  Package

2. Period of Insurance required: Three months  Six months  Nine months  Annual

3. Total Value of building(s) to be insured: \_\_\_\_\_

4. Premises Liability limits: \$100,000/200,000  \$300,000/600,000  \$500,000/1,000,000  \$1,000,000/2,000,000

5. Requested Effective Date: \_\_\_\_\_

6. Construction Type: Fire Resistive  Frame  Masonry non combustible  Other

7. Protection Class: \_\_\_\_\_ 8. Total Sq Footage of building to be insured including outbuildings: \_\_\_\_\_

9. Age of Building or complete building upgrade in? (This includes plumbing, electric, roof) 0-25 Years  26-50 Years  Over 50 Years

10. Number of Floors of Main Building to be insured: \_\_\_\_\_ 11. Is Vandalism cover required? Yes  No

12. Is Sprinkler Leakage cover required? Yes  No

13. Are there any other Structures to be insured? Yes  No  14. Value of Other Structure(s): \_\_\_\_\_

Please provide a brief description: \_\_\_\_\_

15. All Other Perils Deductible (excluding Wind Peril): \$500  \$1,000  \$2,500  \$5,000  \$7,500  \$10,000  \$25,000

16. Wind and Hail Deductible per occurrence: \$500  \$1,000  \$2,500  \$5,000  \$7,500  \$10,000  \$25,000

17. How often is the building to be insured inspected by the applicant or the applicant's representative? Daily  Weekly  Monthly  Other

18. Which Utilities are operational Electricity only  Water only  Electricity & Water  None

19. Is there a fully functional Central Station Burglar Alarm with active monitoring contact? Yes  No

20. Prior use of building to be insured when last occupied? \_\_\_\_\_

21. 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: \_\_\_\_\_

\_\_\_\_\_

**COVERAGE AND PROPERTY DETAILS (continued)**

- 22. Identify all mortgagees, lien holders and additional loss payees (if any, including account numbers and outstanding amounts): \_\_\_\_\_
- 23. If required, please enter below details of Additional Insured: \_\_\_\_\_
- 24. Is there a parking lot at the property to be insured?      Yes       No
- 25. If yes, is it fenced and posted?      Yes       No

**ELIGIBILITY QUESTIONS**

- 26. In which State is the property to be insured: \_\_\_\_\_
  - 27. Please confirm the type of property to be insured:      Residential       Commercial       Farm       Other
  - 28. Please enter the period the property has been vacant:      0-6 months       7-13 months       14+ months
  - 29. Has the property to be insured been continuously covered by a policy of property insurance since becoming vacant?      Yes       No
  - 30. Is the building(s) to be insured secured against unauthorized entry?      Yes       No
  - 31. Has the applicant had any policy of property insurance cancelled or non-renewed in the past 3 (three) years for reasons other than vacancy? (Not applicable to risks located in MO. For MO risks please select 'No'.):
  - 32. Is the applicant currently involved in bankruptcy proceedings?
  - 33. Is the property to be insured subject to mortgage foreclosure proceedings or tax liens?
  - 34. Has the property to be insured been condemned or is it scheduled for demolition?
  - 35. Existing damage to building(s) to be insured?
  - 36. Is the property to be insured subject to more than two mortgages or other encumbrances?
  - 37. Has the applicant been convicted of the crimes of arson or insurance fraud?
  - 38. 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*
- 39. Is the renovation or construction work (i) being performed by a contractor or owner where project costs exceed \$250,000; or (ii) involve structural work or structural repairs being performed by any person?      Yes       No

**SUPPLEMENTARY RENOVATION QUESTIONS (WHERE APPLICABLE)**

- 40. Estimated Renovation or Construction Work Project Costs: \_\_\_\_\_
- 41. Description of Renovation or Construction Work: \_\_\_\_\_
- 42. Is Work being undertaken by a Contractor?      Yes       No
- 43. What CGL Limit carried by the Contractor?      300k       500k       1m

**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 \_\_\_\_\_