



[simplevacant@aslinc.com](mailto:simplevacant@aslinc.com)

**Simple Vacant Dwelling / Building Application**

Named Insured : \_\_\_\_\_

Location Address : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Inspection Contact & Phone No. : \_\_\_\_\_

Years owning this location: : \_\_\_\_\_

**Building Information**

Year Built : \_\_\_\_\_ Square Footage : \_\_\_\_\_ No. of Stories: \_\_\_\_\_ Protection Class: \_\_\_\_\_

No of Buildings at this location : \_\_\_\_\_

Type of Wiring: Copper      Aluminum      Electrical: Circuit Breakers      Fuses

Construction of Bldg. : Frame    JM    MNC    or Fire Resistive    / Other : \_\_\_\_\_

Updates : (year) Wiring \_\_\_\_\_ / Roof \_\_\_\_\_ / Plumbing \_\_\_\_\_ / HVAC \_\_\_\_\_

Type of Roof : \_\_\_\_\_      Does the property have a pool: Yes    No

**Protection**

Is the property locked and secured ? : Yes    No    Alarmed ? : Yes    No    If yes type of Alarm : \_\_\_\_\_

If alarmed is it on and operational ? Yes    No

Any other security measures on property or in bldg. ? \_\_\_\_\_

How frequently is the property visited or inspected : \_\_\_\_\_

Are heat & Utilities maintained : Yes    No      Is the water shut off : Yes    No

**General**

Building Vacant since : \_\_\_\_\_ Prior Occupancy \_\_\_\_\_

Intended plan with property : (sale, rental, renovation etc ....) \_\_\_\_\_

Any history of bankruptcy ? Yes No Unpaid Taxes : Yes No  
Is mortgage paid to date : Yes No

Any liens (other than mortgage against the property) : Yes No

**Valuation**

Replacement Cost Value : \_\_\_\_\_ Square Footage : \_\_\_\_\_

ACV value : \_\_\_\_\_

Renovation Cost: \_\_\_\_\_

What Renovations are being completed? \_\_\_\_\_

Other Coverage Limits Requested?

Coverage B:

Coverage C:

Liability Limits:

Term: 3 Months      6 Months      9 Months      12 Months

**Claims History**

Any losses in the last 3 – 5 years: Yes No

If so please provide full details (DOL, Claim details, paid, open or closed) : \_\_\_\_\_

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Does the building have any current damage :Yes No      If yes please provide details :

**Applicable in the State of New York** : Any person who knowingly and with intent to defraud any insurance company or other person files and application for insurance or statement of claims 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.

**Fraud Warning** : Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims 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.

Producers Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_