



simplevacant@aslinc.com | 800.368.2095

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: _____ Sq. 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 Fire Restrictive Other _____

Updates (year): Wiring _____ Roof _____ Plumbing _____ HVAC _____

Type of Roof: _____ Does property have a pool? Yes No

Protection

Is property locked & secured? Yes No Alarmed? Yes No Type of Alarm

If alarmed, is it on and operational? Yes No Other security measures?

How frequently is the property visited or inspected? _____

Are heat & utilities maintained? Yes No Is water shut off? Yes No

General

Vacant since: _____ Prior occupancy: _____

Intended plan with property (sale, renovation, rental, etc): _____

History of bankruptcy? Yes No Unpaid taxes? Yes No Mortgage paid to date? Yes

No

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

Check all that apply:

Lapse>12 months Arson or fraud Woodstove/kerosene heater Asbestos/EIFS

Aluminum/knob & tube

Valuation

Replacement cost value: _____ Sq. footage: _____ ACV value: _____

Renovation cost: _____ Renovations being completed: _____

Other coverage limits being requested?

Coverage B _____ Coverage C _____ Liability Limits _____

Term: 3 Months 6 Months 9 Months 12 Months

Claims History

Losses in last 3-5 years? Yes No Details of claim (DOL, details, paid, open or closed):

Does building have current damage? Yes No If yes, 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.

Producer's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____