

Vacant Building and Partially Vacant Buildings

VACANT BUILDING AND PARTIALLY VACANT BUILDINGS APPLICATION

All questions must be answered and application must be signed by applicant.

					3									
1.	Named	Insure	d:											
2.	Mailing	Addres	s:											
3.	Inspec	tion Cor	ntact:				Phone No	Phone Number:						
4.	E-mail	Address	s:				Website a	Website address:						
5.	Covera	ge Desi	red:	Monoline Liability	,		☐ Monolii	☐ Monoline Property ☐ Package						
6.	Policy Term: 3 months (100% Vacant only)				☐ 6 months ☐ 9 months ☐ Annual									
7.	Prior Carrier:				Expiration Date:									
	Is the expiring carrier canceling or non-renewing? If Yes, please provide the reason and explanation:									☐ Ye	es 🗆 No			
0														
8.	Loss information for the past 3 years: ☐ None or provide details below Year # of Claims Incurred Amounts Description \$													
		provide		S plete schedule of all locati	ions to be cov	/ered:			•					
	Loc#	Bldg #	Unit #	Street Address	City	State	Zip Code	Total Sq. Ft.	# of Stories	Year Built	Construction	Protection Class		
GE	NERAL	INFORM	IATION											
10.	Applica	ant is:	0	wner 🔲 Tenant	☐ Othe	er								
11.	What v	vas the	prior oc	cupancy of the building?										
12.	What is	s the rea	ason for	vacancy?										
13.	Is the b	ouilding	complet	ely vacant?							☐ Ye	s 🗆 No		
	If No, p	olease c	omplete	the Partially Vacant Build	ding section.									
14.	What is	s the int	ended d	lisposition? ☐ Sell ☐	☐ Find lessee		Оссиру	☐ Dei	molish		Other			
15.	Is the b	ouilding	(or if co	ndo unit, the entire buildir	ng in which ur	nit is loca	ted) fire, wi	ndstorm	or otherw	ise dam	naged? 🚨 Ye	es 🛚 No		
16.	Is the b	ouilding	locked a	and secured from unautho	orized entry?						☐ Ye	s 🗆 No		
Rei	NOVATION	ON INFO	ORMATIO	ON □ Not Applic	able									
				ct:										
				Date:										
			-	project involve structural re							□ Ye	s 🛭 No		
				olition work need to be do		mmence	ment of pro	niect?			_ 10	_ 110		
_0.		-		ct liability eligibility)	no phoi to to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mont of pic	,,oot:			☐ Ye	es 🗆 No		
	(GI 10VVC	. 4000 1	.50 51160	z nabinty ongibility)							- 10	3 - 140		

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21. If applicant is the tenant, will business operations be conducted prior to completion of the projects?								☐ Yes	☐ No	
	 22. Who is performing the renovation work? (Check all that apply) Applicant and/or their volunteers Independent Contractors hired by the Applicant 23. Does applicant/contractor have 3 years of experience in conducting renovation projects? 								Contractor	
		es not effect liability	•	e in conducting	renovation projects?			☐ Yes	□ No	
INDE	PENDENT	CONTRACTORS C	OVERAGE 🗆 (Check if covera	ige is desired					
24. I	ls the contr	actor required to ca	arry General Liability in	surance?				☐ Yes	□ No	
25. I	ls the contr	actor required to na	ame the applicant as a	n Additional Ins	sured?			☐ Yes	☐ No	
LIAB	ILITY INFO	RMATION Not A	Applicable							
	Limits Desi			\$300,000/\$600,	,000 🗖 \$500,00	00/\$1,00	0,000	\$1,000,000/\$2	2,000,000	
27. I	ls the buildi	ng on a farm?						☐ Yes	□ No	
28. I	ls the buildi	ng on a piece of la	nd greater than 5 acre	s?				☐ Yes	□ No	
I	If Yes, wha	t is the total acreag	e?							
29. I	ls there a s	wimming pool on th	ne premises?					☐ Yes	□ No	
Loc	# Bldg #	Existing Building Value	Building Improvement Value (if applicable)	Condo Covered Property	Total Insured Value	Co-Ins	Automatic Sprinkler (%)	Centra Burglar Alarm?	I Station Fire Alarm?	
Dno	pepty luc	CODMATION	D Not Applicable							
		ORMATION	■ Not Applicable storage of any chemical	al ar pollutant o	un the premises?			□ Voo	□ No	
	cause of L	☐ Yes	☐ No							
		oss. excluding sprinkler le	eakage 🚨 Special - d	excluding sprin	kler leakage	Special -	excluding sp	rinkler leakage	e and theft	
		0 1	-	e Central Station	_		0 1	· ·		
Cause of Loss Eligibility: a. Heat will be maintained to prevent all plumbing, heating and/or fire protective systems from freezing (or water shut off and pipes drained if heat is not maintained)								cial Basic Only		
								rue 🚨 False		
ŀ	from freezing (or water shut off and pipes drained if heat is not maintained) D. Building has a flat roof that has been replaced or recoated within the past 10 years or								raise	
a shingled roof has been replaced or reshingled within the past 20 years							☐ True	e 🗖	False	
(c. Plumbing is PVC or copper							e 🗖	False	
32. Would you like the rental value option?								☐ Yes	☐ No	
	-	· ·	of the signed lease/con							
			(6 month maximum)							
	33. How long has the applicant owned the property?									
	34. How long has the property been vacant?								□ Na	
	35. Are there any back taxes owed or tax liens on the property?							☐ Yes	□ No	
	36. Has applicant or majority partner filed for bankruptcy in the past 5 years?							☐ Yes	□ No	
	37. Has applicant ever previously been convicted of the felony of arson? 38. Have any tenants been evicted from the property in the past 60 days?							☐ Yes	□ No □ No	
	39. Is location a mobile home?							☐ Yes	□ No	

ADDITIONAL INSUREDS □ Not Applicable 40. Please advise all entities requesting to be added as Additional Insured on this policy: Complete Name Address Interest PARTIALLY VACANT BUILDING INFORMATION □ Not Applicable 41. What percent of the building is vacant? _____ 42. Please provide a complete description of all occupancies (please note if owner-occupied) Loc# **Description of Occupancy** Class Code **Premium Basis** Area 43. Is vacant portion locked and secured from unauthorized entry? Yes ■ No 44. Is applicant currently evicting or planning to evict any current tenant? ☐ Yes □ No 45. Is all electric connected to functional circuit breakers? ☐ Yes □ No 46. Is there any aluminum or knob and tube wiring on the premises? ☐ Yes ■ No 47. Is there an adequate number of adequately serviced fire extinguishers on the premises? ☐ Yes ■ No 48. Are there functioning and operational smoke and/or heat detectors in all units and/or occupancies? ☐ Yes ■ No 49. Are all permits obtained as required by law? ☐ Yes ■ No

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

51. Business Personal Property (Owner occupied section only) ______Co-Ins% _____

Co-Ins % or monthly limit

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for non payment of premium.

Colorado Fraud Statement: 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 claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

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

50. Has a valid certificate of occupancy been obtained for each tenant?

53. Request for Optional Coverages _____

52. Business Income Limit _____

☐ Yes

☐ No

Kentucky Fraud Statement: 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.

Maine Fraud Statement: 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 a denial of insurance benefits.

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

New York Fraud Statement: 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 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 Fraud Statement: Any person who, with 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 Fraud Statement: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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.

Applicant's Signature	Title	Date					
(Owner or Officer)							
Broker's Signature			_				
Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.							
Name of Authorized Agent or Broker:							
Address:							
Mail complete application through local Agent or Broker to:							