

Application: Vacant Building

Requested policy term: 3 mo. 🗌 6 mo. 🗌 12 mo. 🗌							
Requested effective d	Requested effective date: Prior expiration date:						
Prior carrier:							
Has coverage been declined, cancelled or non-renewed? Yes 🗌 No 🗌							
Applicant/Co-Applicant Information							
Applicant name:		Address:					
City:	State:	Postal:	Phone:				
Occupation:	Employ	er:	Yrs. with employer:				
Rating/Underwriting	g Information						
Location address:							
How long has the applicant owned the building?							
If purchased in the past year, please list purchase price:							
Prior use of building when occupied:							
Intended disposition:							
Please check box to confirm there will be <u>no</u> renovations on this dwelling:							
Protection Class: Distance to hydrant: Distance to fire department?							
Lot size: Ye	ear built:	Square footage:	# of amps:				
Circuit breakers? Yes	s 🗌 No 🗌 Fu	ses? Yes 🗌 No	Knob & Tube? Yes No				
Is electricity maintained year round? Yes No							
Please list all heat sources:							
When was the wiring, heating, plumbing and roofing last fully updated? Please select date.							
Wiring:	Heating:	Plumbing:	Roofing:				

Have the pipes been drained and the water shutoff when unoccupied? Yes 📃 No 📃						
If no, what is the primary source of heat when unoccupied?						
Is fuel setup for auto delivery? Yes 🗌	No					
Please list the person making weekly visits to the dwelling for maintenance, snow load removal, etc:						
Name:	Phone:					
Construction type:						
Property Coverage	Desired Coverage Limit					
ACV of Existing Structure	\$					
Personal Property	\$					

\$

\$

<u>Premises Liability</u>

<u>Medical Payments</u>

Three Year Loss History

Year:	Payout amount:	Description of damages or repairs:	

Mortgagee Clause:

Applicant signature (required):				
Agent signature (required):			Date:	
Agency:		Agency addre	ss:	
City:	State:	Postal code:		
Agent email:		Agent phone:		