



VACANT PROPERTY SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

Name _____ Telephone _____
 Mailing Address _____ City, State, Zip _____
 Contact Name _____ Policy Term _____
 Applicant is: INDIVIDUAL PARTNERSHIP CORPORATION ESTATE OTHER _____

LOCATION INFORMATION

Loc	Bldg	Street	City	State	Zip

Type of Electrical System: _____ Federal Pacific Circuit Breaker: YES NO

1. Intended Disposition of Property: Sell Rent Occupy Renovate Other _____
2. What was the prior occupancy of the building? _____
3. Is building totally vacant? YES NO
 a. If no, provide percentage occupied: ____%
4. Is building intended for demolition? YES NO
5. Is building partially constructed? YES NO
6. Will the building be undergoing renovations during the policy term? YES NO
 a. If yes, Total cost of renovations: \$ _____
 Hard costs \$ _____ Soft costs \$ _____
 b. Description of renovations: _____
 c. If yes, will anyone other than the applicant be doing any of the work? YES NO
 d. Are Certificates of Insurance obtained from all contractors? YES NO
7. Is this New construction (Builders Risk)? YES NO
8. Describe the general condition of the building: _____
9. Describe neighborhood: Rural Commercial Residential Other _____
10. Is the building listed on a historic registry? YES NO
11. Protective Safeguards (Indicate all applicable)
 Active Central Station Fire Alarm
 Active Central Station Burglar Alarm
 Active Sprinkler System – percentage of building covered by sprinklers _____ %
 Watchman – 24 hours
12. How often are regular checks made to premise? _____ By whom? _____
13. Is building clear of debris, furnishings, stock? YES NO
14. Is building locked and secured? YES NO

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15. Is heat maintained or the pipes drained? YES NO
 a. Temperature maintained? _____
16. Any nuisance hazards on premise (Swing Sets, Vehicles, Debris, Trampoline, Fuel Tanks, Underground Tanks, etc.)? YES NO
17. Any water hazards (Pool, Pond, Lake, or Hot Tub, etc.)? YES NO
18. Has Applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the last five (5) years? YES NO
 a. If Yes, was the property to be insured involved in the foreclosure? YES NO
 Date of foreclosure: _____

Mortgagee or Loss Payee: _____

Address: _____

Insured's Loss History

Enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the last 5 years. Indicate "None" if no losses.

Date of Occurrence	Line of Business	Type/Description of Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Open Y/N

Have all prior damages been repaired? YES NO

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.

*Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

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

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Print Applicant Name/Title

Applicant Signature & Date

Producer Name & Address