



Application: Vacant Building

Requested policy term: 3 mo. 6 mo. 12 mo.

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: _____ Employer: _____ Yrs. with employer: _____

Rating/Underwriting 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 **no** renovations on this dwelling:

Protection Class: _____ Distance to hydrant: _____ Distance to fire department? _____

Lot size: _____ Year built: _____ Square footage: _____ # of amps: _____

Circuit breakers? Yes No Fuses? 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

\$

Premises Liability

\$

Medical Payments

\$

Three Year Loss History

Year:	Payout amount:	Description of damages or repairs:

Mortgagee Clause:

Applicant signature (required):

Date:

Agent signature (required):

Date:

Agency:

Agency address:

City:

State:

Postal code:

Agent email:

Agent phone: