

## **Application: Vacant – Under Renovation**

Requested policy t	erm: 3 mo.	6 mo.	12 mo.					
Requested effective date:			Prior expiration date:					
Applicant signature (required):			Date:					
Prior carrier:								
Has coverage been declined, cancelled or non-renewed? Yes No								
Applicant/Co-Applicant Information								
Applicant name:		Address:						
City:	State:	Zip:	Phone:					
Occupation:	Emplo	yer:	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 list the person making weekly visits to the dwelling for maintenance, snow load removal, etc:								
Name:		Phone:						
Protection Class:		Distance to hy	drant:	Fire dept.?				
Lot size:	Year b	uilt:	Squa	re footage:				
# of amps:	Circuit breaker	rs? Yes No	Fuses?	Yes No				
Knob & Tube or Aluminum wiring? Yes No								
Is electricity maintained year round?								
Please list all heat sources:								
Construction type?								
When was the wiring, heating, plumbing and roofing last fully updated? Please select date.								
Wiring: He	eating: Plum	bing: F	Roofing:					



Have the pipes been drained and the water shutoff? Yes No								
If no, what is the primary source of heat for the vacant building?								
Is fuel setup for auto delivery? Yes No								
Property Coverage			Desired Coverage Limit					
ACV of Existing Structure			\$					
ACV of Amount of Renovations to be Conducted			\$					
Personal Property			\$					
Premises Liability			\$					
Medical P	ayments		\$	\$				
Check ALL boxes that <b>define</b> the work being done:								
Bathroom	n fixtures	Roof	Windows	Siding				
Ext. paint	ing	Kitchen cabinets	Floors	Ext. doors				
Gutting p	remises	Plumbing	Heating	Electrical				
Int. painti	ng	Other:						
Will anyone other than the applicant be conducting renovations? Yes No  Please list the individual or company who will be completing the renovations:  Name/Company: Phone:  Does your remodeling contractor have Commercial General Liability coverage? Yes No								
*All subcontractors must have a Commercial General Liability (CGL) policy in force prior to working on the premises.								
Three Year Loss History								
Year:	Payout amour	nt: Description of dama	Description of damages or repairs:					
Mortgagee Clause:								
Agent signature:								
Agency:		Address:	City:	State:				
Zip:	Phone:		Agent emai	Agent email:				