



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 Payments	\$

Check ALL boxes that **define** the work being done:

Bathroom fixtures	Roof	Windows	Siding
Ext. painting	Kitchen cabinets	Floors	Ext. doors
Gutting premises	Plumbing	Heating	Electrical
Int. painting	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 amount:	Description of damages or repairs:

Mortgagee Clause:

Agent signature:

Agency:

Address:

City:

State:

Zip:

Phone:

Agent email: