



# SPECIALTY PROPERTY VACANT SUPPLEMENT

## I. GENERAL INFORMATION

Eff Date \_\_\_/\_\_\_/\_\_\_ Inspection Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Name \_\_\_\_\_  
 Location Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Website address \_\_\_\_\_

**Type Of Property (check one):**

- Apartment
- Offices
- Industrial/Mfg
- Shopping Center/LRO
- Other / Mixed Use

**Business Structure (check one):**

- Corporation
- Partnership
- Sole Proprietor
- Other

**Property Mgmt. Experience:**

- ❖ Years of Property Mgmt. Experience: \_\_\_\_\_
- ❖ Years as Managing This Location: \_\_\_\_\_

Prior Occupancy: \_\_\_\_\_ Length of time vacant \_\_\_\_\_

Applicant's Financial Condition : \_\_\_\_\_

Reason for Vacancy: \_\_\_\_\_

Plans for Building: \_\_\_\_\_

Is building to be demolished or remodeled  Yes, or  No

If Yes provide details: \_\_\_\_\_

Dates of Update: wiring plumbing heating roof

**(Circle all that apply)**

**Wiring is:** Aluminum 100% pigtailed, copper, Circuit breakers, fuses

**Private protection:** 100% sprinklered, central station burglar alarm, central station fire alarm, watchman, boarded, locked, fenced, lighted

**Will power remain on during vacancy?**  Yes  No

**Will Heat remain on during vacancy?**  Yes  No

If no, what is being done to avoid frozen pipes, sprinkler leakage and water damage?  
\_\_\_\_\_

Describe surrounding area (ie industrial occupied, residential occupied, other, vacant, etc.)  
\_\_\_\_\_

Loss History (3 years): \_\_\_\_\_

**Requested Coverage:**  Basic,  Broad  Special

Deductible \$ \_\_\_\_\_ Co-insurance \_\_\_\_\_ %

Proposed Effective Date: \_\_\_\_\_ Target Premium: \$ \_\_\_\_\_