

**VACANT PROPERTY APPLICATION**

Applicant \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_ Inspection Number: \_\_\_\_\_

Years in Business/Owned \_\_\_\_\_

Effective Date: \_\_\_\_\_ Policy Term: 3 months, 6 months or annual

Previous Carrier: \_\_\_\_\_

Loss History (5 Years): \_\_\_\_\_

Premises Address: \_\_\_\_\_

Previous Occupancy: \_\_\_\_\_

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

How long has property been vacant: \_\_\_\_\_

**Property Coverage Required**

Coverage	Limit of Insurance	Causes of Loss	Valuation	Deductible
Building				
Personal Property				

Mortgagee: \_\_\_\_\_  
 \_\_\_\_\_

**Liability Coverage Required**

None     100/100     300/300     500/500     1,000/1,000

Construction: \_\_\_\_\_ Square Footage of Building: \_\_\_\_\_

Year Built: \_\_\_\_\_ Physical Condition of Building:

Number of Stories: \_\_\_\_\_  Excellent     Average     Poor

How is building secured: \_\_\_\_\_

Are renovations going to take place:  Yes     No    Cost of Renovations: \_\_\_\_\_

Describe renovations to take place: \_\_\_\_\_

Who will be doing renovations:  Insured     Contractor

Does Contractor have General Liability Coverage in force:  Yes     No

Will Named Insured secure Certificates of Insurance:  Yes     No

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producers Signature: \_\_\_\_\_