



VACANT PROPERTY

Applicant Name _____
 Mailing Address _____
 Inspection Contact _____ Inspection Number _____ Years in Business/Owned _____
 Effective Date _____ Policy Term 3 Months 6 Months Annual
 Previous Carrier _____
 Loss History (5 years) _____
 Premises Address _____
 Previous Occupancy _____
 Reason for Vacancy _____
 How long has the property been vacant? _____

PROPERTY LIMITS

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

Mortgagee _____

GENERAL LIABILITY COVERAGE LIMITS

None 100,000/200,000 300,000/600,000 500,000/1,000,000 1,000,000/2,000,000
 Protection Class _____ Square Footage of Building _____ sqft
 Construction _____ Year Built _____ Number of stories _____
 Age of Roof _____

Year of Last Plumbing Upgrade _____ Full or Partial
 Year of Last Wiring Upgrade _____ Full or Partial
 Year of Last Heating Upgrade _____ Full or Partial
 Year of Last Roofing Upgrade _____ Full or Partial

Are utilities operational water and/or electric? Yes No
 Physical Condition of Building Excellent Average Poor

How is the building being 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
 Is there a pool on premises? Yes No If yes, Above or Below Ground?
 If yes, Fenced? Yes No

Applicant's Signature _____ Date _____

Producer's Signature _____ Date _____