

**VACANT BUILDING  
APPLICATION  
CAUSES OF LOSS – BASIC FORM**

**PRODUCER INFORMATION**

NEW BUSINESS  RENEWAL/ REWRITE  
Previous Policy No. \_\_\_\_\_

PRODUCER NAME AND ADDRESS: \_\_\_\_\_

PRODUCER CODE: \_\_\_\_\_  
PERSON TO CONTACT: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_

**APPLICANT INFORMATION**

**ALL** REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED.

APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STREET CITY STATE ZIP

APPLICANT IS:  INDIVIDUAL  PARTNERSHIP  CORPORATION  OTHER (SPECIFY) \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

STREET CITY

**APPLICATION CANNOT BE PROCESSED WITHOUT LOCATION “COUNTY”** STATE ZIP

POLICY TERM:  3 MONTHS  6 MONTHS  12 MONTHS

*A SEPARATE APPLICATION IS REQUIRED FOR EACH LOCATION.*

*ATTACH ORIGINAL CURRENT PHOTOS (NO COPIES) OF FRONT AND REAR FOR EACH STRUCTURE TO BE INSURED.*

**PROPERTY COVERAGE**

**LIMIT**

BUILDING	\$ _____	(ACV OR PURCHASE PRICE, IF PURCHASED WITHIN PAST YEAR)
RENOVATIONS	\$ _____	(TOTAL AMOUNT THAT WILL BE SPENT TO IMPROVE BUILDING)
BRAND NEW CONSTRUCTION	\$ _____	(COMPLETED VALUE WHEN FINISHED – LIABILITY NOT AVAILABLE)
PERSONAL PROPERTY	\$ _____	(COVERAGE NOT AVAILABLE IF RENOVATING)
	\$ _____	(ACV OR PURCHASE PRICE OF OTHER STRUCTURE)

(OTHER STRUCTURES – INDICATE TYPE OF STRUCTURE ABOVE)

TOTAL PROPERTY LIMIT: \$ \_\_\_\_\_

MINE SUBSIDENCE COVERAGE \$ \_\_\_\_\_

LIABILITY COVERAGE (PER DWELLING/  
RETAIL UNIT) \$ \_\_\_\_\_  
(EACH OCCURRENCE)

TERRORISM RISK INSURANCE COVERAGE ACT DESIRED?  YES  NO

HOW LONG HAS APPLICANT OWNED BUILDING? \_\_\_\_\_ ACTUAL CASH VALUE \$ \_\_\_\_\_

IF PURCHASED WITHIN PAST YEAR, INDICATE PURCHASE PRICE \$ \_\_\_\_\_ DATE OF PURCHASE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH / DAY / YEAR

PRIOR USE OF BUILDING WHEN OCCUPIED? \_\_\_\_\_

INTENDED DISPOSITION OF RISK (SELL, RENT, OCCUPY SELF, SEASONAL): \_\_\_\_\_ SQ. FOOTAGE: \_\_\_\_\_

ARE REGULAR CHECKS MADE TO PREMISES?  YES  NO IF “YES”, HOW OFTEN? \_\_\_\_\_

BY WHOM? \_\_\_\_\_ IS BUILDING SECURED?  YES  NO NO. OF STORIES: \_\_\_\_\_

STATE LOT SIZE, IF MORE THAN 2.5 ACRES: \_\_\_\_\_ NO. OF DWELLING / RETAIL UNITS: \_\_\_\_\_ YEAR BUILT: \_\_\_\_\_

CONSTRUCTION TYPE: \_\_\_\_\_ DATE VACATED: \_\_\_\_/\_\_\_\_/\_\_\_\_ PROTECTION CLASS: \_\_\_\_\_  
MONTH / YEAR

NOTE! IF MOBILEHOME, IS IT ANCHORED DOWN & COMPLETELY SKIRTED?  YES  NO

**SEE REVERSE SIDE**

**ADDITIONAL BUILDING INFORMATION**

IS THERE A POOL, POND, LAKE OR TRAMPOLINE ON THE PREMISES?  YES  NO IS THERE A PARKING LOT?  YES  NO  
 IF "YES", IS THE PARKING LOT FENCED, CLOSED OFF TO OTHERS OR POSTED FOR NO TRESPASSING?  YES  NO

DESCRIBE NEIGHBORHOOD: \_\_\_\_\_

DESCRIBE GENERAL CONDITION OF BUILDING: \_\_\_\_\_

IS INTERIOR OF BUILDING FREE OF GARBAGE, DEBRIS, REFUSE, ETC.?  YES  NO

IS THERE AN ACTIVE CENTRAL STATION FIRE / BURGLAR ALARM?  YES  NO

IS THE HEAT MAINTAINED OR ARE THE PIPES DRAINED?  YES  NO IS THERE AN ACTIVE SPRINKLER SYSTEM?  YES  NO

WILL BUILDING BE UNDERGOING RENOVATIONS OF ANY KIND DURING THE POLICY TERM?  YES  NO

"IF YES", WILL ANYONE OTHER THAN THE APPLICANT BE DOING ANY OF THE WORK?  YES  NO

STATE THE TOTAL AMOUNT THAT WILL BE SPENT TO IMPROVE THE BUILDING: \$ \_\_\_\_\_

CHECK ALL BOXES BELOW THAT DEFINE THE WORK BEING DONE: (IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEET.)

- REPLACING BATHROOM FIXTURES       REPLACING ROOF       REPLACING WINDOWS       SIDING OR PAINTING EXTERIOR
- REPLACING KITCHEN CABINETS       REPLACING FLOORS       REPLACING EXTERIOR DOORS       GUTTING THE PREMISES
- REPLACING PLUMBING/HEATING/ELECTRICAL       PAINTING       OTHER (SPECIFY): \_\_\_\_\_

**RENOVATIONS ARE DEFINED AS: ANY KIND OF REMODELING, REPAIR WORK OR IMPROVEMENTS, INCL. ADDITIONS, NOT NEW CONSTRUCTION.**

IF APPLICABLE: STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: \_\_\_\_\_

IS WINDSTORM POOL COVERAGE AVAILABLE?  YES  NO

**MORTGAGEE OR LOSS PAYEE INFORMATION**

WE WILL NOT ACCEPT INDIVIDUALS AS MORTGAGEES,  
ONLY AS LOSS PAYEES.

MORTGAGEE OR LOSS PAYEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**LOSS INFORMATION**

PRIOR CARRIER: \_\_\_\_\_

	YEAR	AMOUNT	DESCRIPTION OF LOSSES – DAMAGES REPAIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
LOSSES PAST 3 YEARS*:	_____	\$ _____	_____
*INDICATE "NONE", IF NO LOSSES.	_____	\$ _____	_____
	_____	\$ _____	_____

THE APPLICANT COVENANTS THAT THE INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THIS APPLICATION SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.

\_\_\_\_\_  
Original Signature of Producer (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Original Signature of Applicant (Required)

\_\_\_\_\_  
Official Title (If Applicable)

\_\_\_\_\_  
Date