

VACANT PROPERTY QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

Policy term requested: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "Yes", you are not eligible for coverage.

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|--|------------------------------|-----------------------------|
| 1. Has the property been vacant for more than 2 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are there any prior losses while vacant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the property currently damaged (by fire or otherwise)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are any buildings partially constructed or undergoing renovation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are any building scheduled to be demolished? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are any buildings obsolete or have no further potential use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Has the risk filed for bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Does the risk owe any back taxes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are any buildings valued at less than \$10 per square foot? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are any buildings not completely secured against unauthorized access? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Is the building registered as a historic property or located in a historic district? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

GENERAL INFORMATION

12. Date property became vacant? _____
13. Reason the building is vacant or unoccupied: _____
14. Expected date of occupancy _____
15. What was prior occupancy? _____
16. Is the building for sale or lease? Yes No
17. If for sale, date property was put up for sale. _____
- Asking/sale price? _____
- How was the amount of insurance determined? _____
18. Date property purchased: _____
19. If within 3 years, what was the purchase price? _____
20. Are regular security checks done? Yes No
- If yes, by whom? _____
21. Are the utilities presently connected? Yes No
22. Is the building sprinklered? Yes No
- If yes, is it still activated? Yes No
- Who checks on the system to make certain the system is operating? _____



Capitol Indemnity Corporation
Capitol Specialty Insurance Corporation
Platte River Insurance Company

- 23. Are the windows boarded up? Yes No
- 24. Type of neighborhood: _____
- 25. Is there a governmental order to vacate or destroy the building, or has the building been classified as uninhabitable or structurally unsafe? Yes No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address