



Vacant Building Product Application – All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Applicant's Name: \_\_\_\_\_

Location Address: \_\_\_\_\_  Same as mailing address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What type of vacant exposure does the applicant have at this location?

- Owner of a building that is completely vacant
Owner of a building that is partially vacant (complete partially vacant section)
Owner of a vacant condominium unit
A tenant leasing space that will be vacant until they can occupy
Other

Are there any renovations?  Yes  No

\*\*If Yes, what is the total cost of renovations? \$ \_\_\_\_\_

What is the current building value? \$ \_\_\_\_\_

What will be the building value after renovations are complete? \$ \_\_\_\_\_

Any structural work to be completed?  Yes  No

\*\*\*Would the applicant like to purchase Independent Contractor coverage?  Yes  No

Policy Period:  3 months  6 months  9 months  Annual

What is the square footage of the entire structure? \_\_\_\_\_ sq. ft.

What is the intended future occupancy/use of the building? \_\_\_\_\_

Property Section

- Construction: Frame, Joisted Masonry, Non-Combustible, Masonry Non-Combustible, Modified Fire-Resistive, Fire-Resistive, Other

Protection Class: \_\_\_\_\_

Requested Cause of Loss:  Basic  Special

Requested Valuation:  Replacement Cost  Actual Cash Value

Deductible:  \$1,000  \$2,500  \$5,000

Coinsurance:  80%  90%  100%

Building Limit \$ \_\_\_\_\_

Business Personal Property limit \$ \_\_\_\_\_

What year was the building constructed? \_\_\_\_\_

Building is not scheduled for demolition?  True  False

Is the building fully protected by an operational sprinkler system covering 100% of the premises?  Yes  No

Liability Section

Liability Limit:  \$100,000/\$200,000  \$300,000/\$600,000  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000

How many stories is this building? \_\_\_\_\_

Building is not scheduled for demolition during the policy term?  True  False

Is the building on a piece of land greater than 5 acres?  Yes  No

If Yes, what is the total acreage? \_\_\_\_\_

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Table with 7 columns: Name, Relationship/Interest, Address, City, State, Zip, AI, LP, M. Contains 3 empty rows for data entry.

II. LOSS INFORMATION FOR THE PAST 3 YEARS

Property Coverages  None, or provide detail below.

Table for Property Coverages with columns: Year, Status, Incurred, Description. Contains 3 rows for data entry.

Liability Coverages  None, or provide detail below.

Table for Liability Coverages with columns: Year, Status, Incurred, Description. Contains 3 rows for data entry.

**III. ADDITIONAL PROPERTY INFORMATION**

If you own the building and it is older than 10 years old, please complete the following:

Age of roof \_\_\_\_\_ yrs. Plumbing updated (yr) \_\_\_\_\_ Electrical Updated (yr) \_\_\_\_\_ Heating Updated (yr) \_\_\_\_\_  
Roof Type:  Flat  Wood Shake  Shingle  Metal  Tile  Slate  Other \_\_\_\_\_  
Plumbing Type:  PVC  Copper  Lead  Galvanized  Other \_\_\_\_\_  
Business Income & Extra Expense Limit/Fair Rental Value \$ \_\_\_\_\_

(Business Income coverage requires a signed lease)

**IV. ELIGIBILITY CRITERIA**

- 1. Building is locked and secured from unauthorized entry  True  False
  - 2. Building is not currently damaged (fire or otherwise)  True  False
  - 3. No past, pending or planned bankruptcy or judgment for unpaid taxes against, the named insured or any officer, partner, member or owner of the applicant individually within the past (5) years  True  False
  - 4. Any renovations planned during our policy term do not have a total cost more than \$250,000 (over \$250,000 review our Owners/Tenants Protective and Building Renovation Products)  True  False
  - 5. Any renovations planned during our policy term do not involve structural work  True  False
  - 6. Coverage has not been cancelled or non-renewed in the last 3 years for any reason other than the building being vacant (not applicable in Missouri)  True  False
- If False, advise reason \_\_\_\_\_

**Property**

- 1. If the building coverage requested is the Applicant the owner of all properties  N/A  True  False
  - 2. No locations are mobile homes  True  False
  - 3. No tenants have been evicted from the property in the last 60 days and no one is in the process of being evicted  True  False
- \*\*If renovations are taking place, will the cost of renovations exceed 20% of the existing building limit?  
If Yes, please answer the following 3 questions:
- 1. The Insured/Contractor has at least 3 years of experience in conducting renovation projects.  True  False
  - 2. The renovations will not include any building additions unless all buildings are frame construction and/or additions are being added to any side of the building.  True  False
  - 3. The project does not involve Bridges, Dams, Tunnels, Bubble Buildings, Green Houses, Waste Water Facilities, Airport Hangers, Silos, Chemical Petroleum Energy, Co-generation tanks, or Radio, TV, and Communication towers.  True  False

**General Liability**

- 1. Building is not located on a farm  True  False
  - 2. No swimming pools  True  False
- \*\*\*Independent Contractors coverage (answer the following 3 questions if this coverage is desired):
- 1. Exterior operations up to a maximum of 4 stories or 50 feet from grade level.  True  False
  - 2. No structural renovations.  True  False
  - 3. Certificate of Insurance required from all subcontractors naming the applicant as Additional Insured or the applicant is performing the renovations.  True  False

**Partially Vacant**

- 1. What percent of the building is vacant? % \_\_\_\_\_
  - 2. What measures have been taken to keep tenants/others out of the vacant section of the building? \_\_\_\_\_
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- 3. No tenants are in the process of being evicted?  True  False
  - 4. All electric connected to functioning and operational circuit breakers?  True  False
  - 4. Is there any aluminum or knob and tube wiring on the premises  True  False
  - 5. There are functioning and operational smoke and/or heat detectors in all units and/or occupancies?  True  False
  - 6. Are all permits obtained as required by law?  Yes  No
  - 7. Building Occupancy \_\_\_\_\_ Rate Base \_\_\_\_\_ Owner Operated  Yes  No  
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Building Occupancy \_\_\_\_\_ Rate Base \_\_\_\_\_ Owner Operated  Yes  No
  - 8. Business Personal Property (Owner occupied section only) \_\_\_\_\_ Co-Ins \_\_\_\_\_ %
  - 9. Request for Optional Coverages \_\_\_\_\_

**VI. ADDITIONAL APPLICANT INFORMATION**

Form of Business:  Individual  Corporation  Partnership  LLC  Other \_\_\_\_\_

What year did the applicant purchase these properties? \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_ (if different than the location address above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection Contact Name: \_\_\_\_\_ Telephone/Email Address: \_\_\_\_\_

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause “and/or authorization or agreement to bind the insurance.” is replaced with “Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.”

**Indiana Notice:** The policy issued on the basis of this application will have the Vacant Building Protection Warranty, form number L-395, endorsement attached. This endorsement requires all the windows, doors and passageways to a building that is vacant or partially vacant remain fully secured and protected from unauthorized entry as a condition of coverage.

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine and Washington Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee and Virginia Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: \_\_\_\_\_ License #: \_\_\_\_\_

Main Agency Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_