

APPLICANT INFORMATION

1. Applicant Name: _____
2. Applicant Street Address: _____
Street Address 2: _____
City: _____ State: _____ Zip Code: _____
3. Telephone: _____
4. Contact Name: _____
5. Policy Term: _____
6. Applicant is: Individual Partnership Corporation Estate
 Other: _____

Location Number	Building Number	Street Address	City	State	Zip

VACANCY INFORMATION

1. Date property became vacant: _____
2. What was the prior occupancy of the building?: _____
3. Reason the building is vacant: _____
4. What is the intended disposition of the property? Is the building: For Sale or lease To be occupied To be demolished
 Other: _____
a. If the property is for sale, what date was it put up for sale?: _____
5. Is the building completely vacant? Yes No
What percentage is occupied area: _____ %
6. Expected occupancy and date of occupancy: _____
7. Date property was purchased: _____ Purchased price: \$ _____
8. How was the amount of insurance determined? _____
9. Is there a mortgage on the property? Yes No
What is the mortgage amount? \$ _____

10. Are there any back taxes owed or tax liens on the property? Yes No
11. Has the applicant had foreclosure, repossession receivership, bankruptcy, or owned by a bank within the past 5 years? Yes No
12. Have any tenants been evicted from the property in the past 60 days? Yes No

LOSS HISTORY

1. Enter all claims or losses (regardless of fault and whether or not insured) or occurrence that may give rise to claims for the last 5 years. Please indicate "None" if no losses.

Date of Occurrence	Line of Business	Type/Description of Claim	Date of Claim	Amount Paid	Amount Reserved	Claim Open
				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Has all prior damage been repaired? Yes No
3. Are there any insurance company loss control recommendations outstanding? Yes No

VICINITY INFORMATION

1. Has there been any signs or incidents of vagrants, homelessness, or transient occupancy? Yes No
If "Yes," please describe the history and measures taken to prevent future incidents: _____
2. Is the neighborhood declining or experiencing rehabilitation? Yes No
3. Is the building listed on a historic registry? Yes No

PROPERTY INFORMATION

1. Please describe the general condition of the building: Below Average Average Above Average
2. Is the property boarded, locked, or secured from unauthorized entry? Yes No
3. Are regular security checks done? Yes No
If "Yes," by whom and how often: _____
4. Protective Safeguards: Central station fire alarm Central station burglar alarm
5. Are there cameras, monitors, or motion detection equipment on premises to detect unlawful entry?..... Yes No
6. Are the utilities connected?..... Yes No
7. Is the heat maintained at a temperature to prevent pipes from freezing?..... Yes No
a. If heat is not maintained, have the plumbing, sprinkler and HVAC systems been completely drained? Yes No
8. Does the building have an active sprinkler system?..... Yes No

- a. Is the sprinkler system serviced by a licensed and insured fire suppression system contractor? Yes No
- b. If "No," has the system been completely drained? Yes No
- 9. Does the building have existing damage? Yes No
- 10. Is the building partially constructed? Yes No
- 11. Is the building clear of debris, furnishings, or stock? Yes No
- 12. Is there any water hazards on premises (pool, pond, lake, hot tub)? Yes No
- If "Yes," is it:
 - a. Fenced? Yes No
 - b. Have a locking gate? Yes No
 - c. Filled or covered? Yes No
 - d. Have a diving board/slide? Yes No
- 13. Is there a governmental order to vacate or destroy the building, or has the building been classified as condemned, uninhabitable, or structurally unsafe? Yes No

RENOVATIONS

- 1. Will the building be undergoing renovations during the policy term? Yes No
If "Yes," describe the renovations: If "No" you can skip this section _____
- 2. What is the expected Start Date: _____ Expected Completion Date: _____
- 3. Who will be performing the work? Insured Contractor Applicant acting as General Contractor Other
Will anyone other than the applicant be doing any of the work? Yes No
- 4. What is the estimated cost for renovation/construction operations:
 - a. During the next 12 months: \$ _____
 - b. For the entire project: \$ _____
- 5. Are certificates of insurance obtained from contractors or subcontractors? Yes No
- 6. Does the applicant obtain a written contract from all subcontractors which includes a hold harmless clause in favor of the applicant? Yes No
- 7. Is the applicant named as an additional insured on the subcontractor's policy? Yes No
- 8. Is scaffolding owned, rented, or erected by the applicant? Yes No

OTHER INFORMATION

- 1. The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be

issued, and this application will be attached to and become a part of such Policy, if issued. Insurer hereby authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.

2. It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Insurer and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
3. It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Insurer and, at the sole discretion of Insurer, any outstanding quotations may be modified or withdrawn.
4. It is agreed that in the event there is any misstatement or untruth in the answers to the questions contained herein, Insurer has the right to exclude from coverage any claim based upon, arising out of or in connection with such misstatement or untruth.

FRAUD STATEMENT

Arkansas Fraud Statement: 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 is guilty of a crime and may be subject to fines and confinement in prison.

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: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii Fraud Statement: For your protection, Hawaii law requires you to be informed that presenting a fraudulent Claim for payment of a Loss or benefit is a crime punishable by fines or imprisonment, or both.

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.

Louisiana Fraud Statement: 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 is guilty of a crime and may be subject to fines and confinement in prison.

Maine 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.

Minnesota Fraud Statement: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 Mexico Fraud Statement: 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 is guilty of a crime and may be subject to civil fines and criminal 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, Virginia, 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 include imprisonment, fines and denial of insurance benefits.

PLEASE SUBMIT COMPLETED AND SIGNED APPLICATION FOR APPROVAL.



VACANT PROPERTY
Supplemental Application

IMPORTANT: This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein ARE MATERIAL REPRESENTATIONS BY THE APPLICANT and shall be the basis of the contract should a policy be issued.

I understand that this application is not a binder unless indicated as such on this form by the broker agent.

I HEREBY CERTIFY THAT ALL INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE:

Applicant Name (Print): _____

Applicant Signature: _____

Applicant Title: _____

Licensed Agent / Producer Name (Print): _____

Licensed Agent / Producer Signature: _____

Date: _____

Refer to the following page for the current version of ACORD 63 FRAUD STATEMENTS.



VACANT PROPERTY Supplemental Application

ADDITIONAL INFORMATION

Please use this page to provide the additional information requested to any question on this application. Specify each question to which you refer.