

Vacant Building Supplemental Application

APPLICANT INFORMATION

Applicant Name: _____

AKA / DBA: _____

Mailing Address: _____

Loc #	Blg #	Address	City	State	Zip Code

Insured Contact: _____

Phone: _____

Website: _____

Yrs in Business: _____ Yrs Experience: _____

GENERAL INFORMATION

Loc __ / Bldg __ Loc __ / Bldg __ Loc __ / Bldg __

What was the prior occupancy of the building? _____

Reason for vacancy? _____

How long has the building been vacant? _____

How long has the applicant owned the property? _____

Is the building completely vacant? Yes No

Are regular checks made of the premises? Yes No

If "Yes", how often? _____

Is this property on the Historical Registry? Yes No

What is the acreage of the land? _____

Any water exposure on the property? Yes No

If "Yes", please describe: _____

Any oil or gas wells? Yes No

Any hazardous materials exposure? Yes No

Are all the buildings: Locked and Secured

Boarded Up

Alarmed

Locked and Secured

Boarded Up

Alarmed

Locked and Secured

Boarded Up

Alarmed

Number of stories? _____

Has the applicant or majority partner filed for bankruptcy within the past five years? Yes No

Describe the overall condition of the property and any existing damage (fire damage, storm damage, etc): _____

Will the building(s) be undergoing **renovations** or **demolition** during this policy term? Yes No

If "Yes", what will the work be: Remodel only

Structural work

Demolition

Yes No

Remodel only

Structural work

Demolition

Yes No

Remodel only

Structural work

Demolition

FUTURE USE OF BUILDING

	Loc __ / Bldg __	Loc __ / Bldg __	Loc __ / Bldg __
What will be the future use of this building?:	<input type="checkbox"/> Residential: <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____	<input type="checkbox"/> Residential: <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____	<input type="checkbox"/> Residential: <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____
If residential, what type and the total # of units per type?:	<input type="checkbox"/> Apartments _____ <input type="checkbox"/> Condos _____ <input type="checkbox"/> Homes _____	<input type="checkbox"/> Apartments _____ <input type="checkbox"/> Condos _____ <input type="checkbox"/> Homes _____	<input type="checkbox"/> Apartments _____ <input type="checkbox"/> Condos _____ <input type="checkbox"/> Homes _____
Expected start date:	\$ _____	\$ _____	\$ _____
Estimated project cost:			
Who will be performing the work?	<input type="checkbox"/> Licensed & insured general contractor <input type="checkbox"/> Applicant acting as general contractor	<input type="checkbox"/> Licensed & insured general contractor <input type="checkbox"/> Applicant acting as general contractor	<input type="checkbox"/> Licensed & insured general contractor <input type="checkbox"/> Applicant acting as general contractor
If applicant is hiring a licensed and insured general contractor:			
Will the applicant obtain a written contract from the GC which includes a hold-harmless agreement in favor of the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the applicant require the GC to have equal limits and name the applicant as additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicant is acting as the general contractor:			
Will the applicant obtain a written contract from all subcontractors which includes a hold-harmless agreement in favor of the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the applicant require all subcontractors to have equal limits and name the applicant as additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

LOSS INFORMATION

Was prior coverage ever cancelled or non-renewed? Yes No

If "Yes", please explain: _____

Loss information for the past 3 years: No losses No prior coverage

Year	# Of Claims	Incurred Amounts	Description

FRAUD STATEMENT

Applicable in Arkansas, Louisiana, and West Virginia
 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.

Applicable in Colorado
 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in District of Columbia

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.

Applicable in Florida

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

Applicable in Hawaii

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.

Applicable in Kentucky

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.

Applicable in Maine

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.

Applicable in Maryland

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in New Mexico

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.

Applicable in New York

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.

Applicable in Ohio

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.

Applicable in Oklahoma

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.

Applicable in Pennsylvania

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.

Applicable in Rhode Island

The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

Applicable in Tennessee, Virginia, and Washington

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.

SIGNATURES

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's Name and Title: _____

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____