

Vacant & Builders Risk Product Application

Coverage(s) Desired: Property General liability

I. QUICK QUOTE INFORMATION

Applicant's name (include Legal Entity and/or DBA name): _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Location address: _____

City: _____ State: _____ Zip code: _____

Web address: _____ E-mail address: _____ Phone: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Form of business: Individual Corporation Partnership LLC Trust Other _____

Policy term: 3 months 6 months 12 months

Building Limit: (Value of Existing Structure) \$ _____ Shed \$ _____

Cost of Renovations or New Construction \$ _____ Garage \$ _____

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

Terrorism buy back coverage Yes No

1. Have there been any property or liability losses in the last 5 years? Yes No

If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet.

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

2. Does the applicant own the building? Yes No

3. How long has building been Vacant? _____ Yes No

4. Type of exposure:
 1-2 Family Dwelling 3-4 Family Dwelling 5+ Family Dwelling/ Apartment Commercial Building
 Mobile Home Town House Vacant Leased Space

5. Distance to Coast or major River (miles) _____ Yes No

6. Is the risk Ground up construction where the work has already begun? Yes No

7. What is the intended future occupancy of the building? _____ Previous occupancy? _____

8. How many total acres is the size of land on which the vacant building is located? _____

9. Is property in a flood zone? Yes No

10. Does the property have a Swimming Pool? Yes No

11. Building Condition Excellent Good Fair Poor

12. Is there asbestos siding? Yes No

13. Are there any renovations planned during the policy term? Yes No

14. If "Yes": What is the total cost of the renovation? \$ _____ Yes No

b. Any Exterior Renovations or Roof work? Yes No

c. Are the planned renovations structural (load bearing)? Yes No

d. Will subcontractors be hired to complete the renovations? Yes No

e. If "Yes" are certificates of insurance required for all subcontractors naming the applicant as an additional insured? Yes No

f. Cost of Subcontractors? \$ _____

g. Contractor's Name? _____ Years in Business? _____ Insurer's name? _____

h. **Do you feel Contractor is financially sound?** Yes No

- i. Is the project similar to others undertaken by contractor? Yes No
- ii. Has Contractor had any losses? Yes No
- iii. Please describe what work Contractor is doing?

Building Construction:				
<input type="checkbox"/> Frame	<input type="checkbox"/> Joisted masonry	<input type="checkbox"/> Log Cabin		
<input type="checkbox"/> Masonry noncombustible	<input type="checkbox"/> Masonry	<input type="checkbox"/> Fire resistive		
Protection Class	Cause of Loss	Deductible	Number of Stories	Type of Burglar Alarm
<input type="checkbox"/> Basic	<input type="checkbox"/> Special	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		<input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None
What year was the building constructed? _____			Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____			Plumbing age? _____	
What type of roof is on the building?				
<input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle				
<input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____				
What is the age of the roof? _____ years			Roof Condition? _____	
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the square footage of the entire structure? _____ sq. ft.				
Electric Type? <input type="checkbox"/> Fuses <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Circuit Breakers			Electric Age? _____	
Heating Type <input type="checkbox"/> Steam <input type="checkbox"/> Forced Hot Air <input type="checkbox"/> Hot Water baseboard <input type="checkbox"/> Radiant Heat <input type="checkbox"/> Electric baseboard				
Heating Age? (years) _____ Heating Fuel? _____ Is there Central Heating? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is there Underground Fuel Tank? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the building secured? (ie: doors & windows locked all times, active alarm system etc) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Secure description: _____				
How long has the property been owned by applicant? _____				
Do you feel the Applicant is financially sound? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the applicant doing the work? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant a General Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What experience does Insured have in renovation work? _____				
Describe in detail renovation work to be done: _____				

- 15. Are the utilities operational? Yes No
- 16. If heat is not on, have water pipes been drained? Yes No
- 17. How often is the building to be insured inspected by the applicant or the applicant's representative? _____
- 18. How many days has been lapse in coverage? _____
- 19. If new purchase, please specify the Purchase Price: \$__
- 20. Is this a new construction project from the ground? Yes No

Additional Interest

Name	Relationship/Interest	Address	City, State, Zip Code	AI	LP	M	W
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. General Eligibility

- 21. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years? Yes No
- 22. Has insurance coverage been cancelled or non-renewed in the past three years? Yes No
- 23. Is the building currently damaged by fire or otherwise? Yes No
- 24. Is the building locked and secured from unauthorized entry? Yes No

Property Eligibility

- 25. Is the building scheduled for demolition in the policy term or in the future (except incidental non-load bearing interior work)? Yes No

26. Is the structure a mobile home, earth home, dome home, open pier, stilt home (built prior to 1990), row or town homes, unique, green or experimental Yes No
27. Is project on firm/natural ground? Yes No

General Liability Eligibility

28. Is the building scheduled for demolition in the policy term (except for incidental non-load bearing interior work)? Yes No
29. Are any non-standard construction techniques used? Yes No
30. Are there any potential pollution hazards? (describe) _____
31. Is there any adding of stories to the existing structure? Yes No
32. Are there any blasting operations? Yes No
33. Describe why building in currently vacant? _____
34. Additional underwriting notes _____

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: _____ Title: _____

Date: _____