

VACANT PROPERTY UNDER RENOVATIONS APPLICATION

Policy Effective _____

APPLICANT	AGENT
Applicant Name ___ Applicant Address ___ Applicant Address 2 ___ Applicant City ___ State ___ Zip Code ___	Agent Name Agency Name Agent E-Mail Agent Fax
COVERAGE REQUESTED	
Coverage Requested ___ Property ___ Liability ___ Both _____ Policy Term Requested _____ Building Limit Requested (existing building + cost of renovations) _____ Premises Liability _____ Contents Limit _____ Other Structure Limit _____ Terrorism Coverage ___ Yes ___ NO Has there been a lapse in coverage? _____ Number of Days _____	
PROPERTY INFORMATION	
Property Address: _____ City _____ State _____ Zip Code _____	
Is property in a flood zone? ___ If Yes, explain _____ Is property located near coastal waters or major rivers? ___ Yes ___ NO Distance to Coast? (miles) _____ Does the property have a swimming pool? _____ In-ground with code approved Fence? ___ Above the Ground with removable ladder? ___ Is insured doing the work? _ Yes ___ NO If yes, Is the insured General Contractor? ___ Cost of Subcontractors? _____ Will load bearing walls be removed? ___ Is project on firm/natural ground? _____ Is building secured/alarmed? _____ if YES, Explain _____ Are any non-standard construction techniques used? Is the project similar to others undertaken by contractor? Are there any potential pollution hazards? If Yes, Explain _____ How long has building been vacant? Do you feel the Applicant is financially sound: How long has the property been owned by applicant? Are the utilities operational? If heat is not on, have water pipes been drained? Is this a new construction project from the ground up? Time Frame to Completion ___	Year Built _____ Square Footage _____ Building Type _____ Roof Type _____ Roof Age (Years) - Roof Condition _____ Electric Type _____ Electric Age (Years) Plumbing Type _____ Plumbing Age (Years) Heating Type _____ Heating Age (Years) -- Heating Fuel _____ Is there an underground fuel tank? _____ Is there central heating? ___ Is there knob and tube wiring? ___ Value of Existing Structure _____ Cost of Renovations _____ Construction Type _____ Protection Class ___ # of Stories _____ # of Buildings _____ Other Structure _____ Other Structure Limit _____ Building sit on land _____

ADDITIONAL PROPERTY INFORMATION
Type of neighborhood (please describe): _____
Prior Occupancy: _____
Describe the intended occupancy: _____
Describe why the building is currently vacant _____
Describe the loss History _____ _____
Any Unrepaired Damages (water, fire etc)? Describe _____

CONTRACTORS INFORMATION
Contractor's Name _____ Years in Business _____
Does Contractor Carry CGL Insurance ? _____ Insurer's Name _____
Do you feel Contractor is financially sound? _____
Please describe what work Contractor is doing _____
Has Contractor had any losses? (Please explain) _____
Please describe in detail all renovation work to take place _____
Additional Underwriting Info _____

Insured (signature) _____ **Date** _____ **Agent (signature)** _____ **Date** _____