

VACANT BUILDING SUPPLEMENTAL APPLICATION

1. Named Insured: _____
2. Is the building completely vacant? Yes No
If No, please complete the Partially Vacant Building section.
3. What is the date the property became vacant? _____
4. What was the prior occupancy? _____
5. Why has the building become vacant? _____
6. How long has the property been vacant? _____
7. Is there a government order to vacate or destroy the building? Yes No
8. What is the intended disposition? Sell Find lessee Occupy Demolish Other: _____
When do you expect to do this? _____
9. Is the building (or if condo unit, the entire building to which unit is located) fire, windstorm or otherwise damaged? Yes No
10. Are the utilities presently connected? Yes No
If yes, is the heat maintained at 55 degrees or higher? Yes No
If no, have all plumbing systems been completely drained? Yes No
11. Is the building sprinklered? Yes No
If yes, is the system still activated? Yes No
If activated, who is checking the system to make certain it is still operational? _____
If not activated, has the system been completely drained? Yes No
12. Are there any aluminum or knob and tube wiring on the premises? Yes No
13. Are regular security checks done? Yes No
If yes, by whom? _____
14. Is the neighborhood declining or experiencing rehabilitation? _____
15. Is the named insured involved in Residential Homebuilding or General Contracting operations? Yes No
16. Are any properties in foreclosure, receivership, bankruptcy or owned by a bank or have been within the past 5 years? Yes No
If yes, please describe: _____

RENOVATION INFORMATION

Not Applicable

17. Total Cost of the Project: _____

18. Estimated Completion Date: _____

19. Does any part of the project involve structural renovations? Yes No

20. Does any interior demolition work need to be done prior to commencement of project? Yes No

21. If applicant is the tenant, will business operations be conducted prior to completion of the projects? Yes No

22. Who is performing the renovation work? (Check all that apply)

Applicant and/or their volunteers Independent Contractors hired by the Applicant A General Contractor

23. Does applicant/contractor have 3 years of experience in conducting renovation projects? Yes No

INDEPENDENT CONTRACTORS COVERAGE

Check if coverage is desired

24. Is the contractor required to carry General Liability Insurance? Yes No

25. Is the contractor required to name the applicant as an Additional Insured? Yes No

LIABILITY INFORMATION

Not Applicable

26. Is the building on a farm? Yes No

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

If Yes, what is the total acreage? _____

28. Is there a swimming pool on the premises? Yes No

PROPERTY INFORMATION

Not Applicable

29. Is the applicant aware of any storage of any chemical or pollutant on the premises? Yes No

30. How long has the applicant owned the property? _____

31. Are there any back taxes owed or tax liens on the property? Yes No

32. Have any tenants been evicted from the property in the past 60 days? Yes No

33. Is location a mobile home? Yes No

34. Is all electric connected to functional circuit breakers? Yes No

PARTIALLY VACANT BUILDING INFORMATION

Not Applicable

35. What percent of the building is vacant? _____%

36. Please provide a complete description of all occupancies (please note if owner-occupied)

Loc #	Description of Occupancy	Class Code	Premium Basis	Area

37. Is vacant portion locked and secured from unauthorized entry? Yes No

38. Is applicant currently evicting or planning to evict any current tenant? Yes No

39. Are there functioning and operational smoke and/or heat detectors in all units and/or occupancies? Yes No
40. Is there an adequate number of adequately serviced fire extinguishers on the premises? Yes No
41. Are all permits obtained as required by law? Yes No
42. Has a valid certificate of occupancy been obtained for each tenant? Yes No

Signature of applicant: _____

Date: _____