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Vacant Building Product Application – All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Applicant's Name: _____

Location Address: _____ ❑ Same as mailing address..

City: _____ State: _____ Zip: _____

What type of vacant exposure does the applicant have at this location?

❑ Owner of a building that is completely vacant ❑ Owner of a building that is partially vacant (complete partially vacant section)
❑ Owner of a vacant condominium unit ❑ A tenant leasing space that will be vacant until they can occupy
❑ Other _____

Are there any renovations? ❑ Yes ❑ No

**If Yes, what is the total cost of renovations? $ _____
What is the current building value? $ _____
What will be the building value after renovations are complete? $ _____
Any structural work to be completed? ❑ Yes ❑ No
***Would the applicant like to purchase Independent Contractor coverage? ❑ Yes ❑ No

Policy Period: ❑ 3 months ❑ 6 months ❑ 9 months ❑ Annual

What is the square footage of the entire structure? _____sq. ft.

What is the intended future occupancy/use of the building? _____

Property Section

Construction: ❑ Frame ❑ Joisted Masonry ❑ Non-Combustible ❑ Masonry Non-Combustible
❑ Modified Fire-Resistive ❑ Fire-Resistive ❑ Other _____

Protection Class: _____
Requested Cause of Loss: ❑ Basic ❑ Special
Requested Valuation: ❑ Replacement Cost ❑ Actual Cash Value
Deductible: ❑ $1,000 ❑ $2,500 ❑ $5,000
Coinsurance: ❑ 80% ❑ 90% ❑ 100%
Building Limit $ _____
Business Personal Property limit $ _____
What year was the building constructed? _____
Building is not scheduled for demolition? ❑ True ❑ False

Liability Section

Liability Limit: ❑ $100,000/$200,000 ❑ $300,000/$600,000 ❑ $500,000/$1,000,000 ❑ $1,000,000/$2,000,000
How many stories is this building? _____
Building is not scheduled for demolition during the policy term? ❑ True ❑ False
Is the building on a piece of land greater than 5 acres? ❑ Yes ❑ No
If Yes, what is the total acreage? _____

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				❑	❑	❑
				❑	❑	❑
				❑	❑	❑

II. LOSS INFORMATION FOR THE PAST 3 YEARS

Property Coverages ❑ None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	$ _____	_____
_____	Open/Closed	$ _____	_____
_____	Open/Closed	$ _____	_____

Liability Coverages ❑ None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	$ _____	_____
_____	Open/Closed	$ _____	_____
_____	Open/Closed	$ _____	_____

III. ADDITIONAL PROPERTY INFORMATION

If you own the building and it is older than 10 years old, please complete the following:

Age of roof _____yrs. Plumbing updated (yr)_____ Electrical Updated (yr) _____ Heating Updated (yr)_____

Roof Type: ❑ Flat ❑ Wood Shake ❑ Shingle ❑ Metal ❑ Tile ❑ Slate ❑ Other _____

Plumbing Type:❑ PVC ❑ Copper ❑ Lead ❑ Galvanized ❑ Other _____

Business Income & Extra Expense Limit/Fair Rental Value $ _____

(Business Income coverage requires a signed lease)

IV. ELIGIBILITY CRITERIA

1. Building is locked and secured from unauthorized entry ❑ True ❑ False
2. Building is not currently damaged (fire or otherwise) ❑ True ❑ False
3. No past, pending or planned bankruptcy or judgment for unpaid taxes against, the named insured or any officer, partner, member or owner of the applicant individually within the past (5) years ❑ True ❑ False
4. Any renovations planned during our policy term do not have a total cost more than $250,000 (over $250,000 review our Owners/Tenants Protective and Building Renovation Products) ❑ True ❑ False
5. Any renovations planned during our policy term do not involve structural work ❑ True ❑ False
6. Coverage has not been cancelled or non-renewed in the last 3 years for any reason other than the building being vacant (not applicable in Missouri) ❑ True ❑ False

If False, advise reason _____

Property

1. If the building coverage requested is the Applicant the owner of all properties ❑ N/A ❑ True ❑ False
2. No locations are mobile homes ❑ True ❑ False
3. No tenants have been evicted from the property in the last 60 days and no one is in the process of being evicted ❑ True ❑ False

**If renovations are taking place, will the cost of renovations exceed 20% of the existing building limit? ❑ Yes ❑ No

If Yes, please answer the following 3 questions:

1. The Insured/Contractor has at least 3 years of experience in conducting renovation projects. ❑ True ❑ False
2. The renovations will not include any building additions unless all buildings are frame construction and/or additions are being added to any side of the building. ❑ True ❑ False
3. The project does not involve Bridges, Dams, Tunnels, Bubble Buildings, Green Houses, Waste Water Facilities, Airport Hangers, Silos, Chemical Petroleum Energy, Co-generation tanks, or Radio, TV, and Communication towers. ❑ True ❑ False

General Liability

1. Building is not located on a farm ❑ True ❑ False
2. No swimming pools ❑ True ❑ False

***Independent Contractors coverage (answer the following 3 questions if this coverage is desired):

1. Exterior operations up to a maximum of 4 stories or 50 feet from grade level. ❑ True ❑ False
2. No structural renovations. ❑ True ❑ False
3. Certificate of Insurance required from all subcontractors naming the applicant as Additional Insured or the applicant is performing the renovations. ❑ True ❑ False

Partially Vacant

1. What percent of the building is vacant? %_____
2. What measures have been taken to keep tenants/others out of the vacant section of the building? _____

_____

3. No tenants are in the process of being evicted? ❑ True ❑ False
4. All electric connected to functioning and operational circuit breakers? ❑ True ❑ False
4. Is there any aluminum or knob and tube wiring on the premises ❑ True ❑ False
5. There are functioning and operational smoke and/or heat detectors in all units and/or occupancies? ❑ True ❑ False
6. Are all permits obtained as required by law? ❑ Yes ❑ No
7. Building Occupancy _____ Rate Base _____ Owner Operated ❑ Yes ❑ No
   Building Occupancy _____ Rate Base _____ Owner Operated ❑ Yes ❑ No
   Building Occupancy _____ Rate Base _____ Owner Operated ❑ Yes ❑ No
8. Business Personal Property (Owner occupied section only)_____ Co-Ins _____%
9. Request for Optional Coverages _____

VI. ADDITIONAL APPLICANT INFORMATION

Form of Business: ❑ Individual ❑ Corporation ❑ Partnership ❑ LLC ❑ Other_____

What year did the applicant purchase these properties? _____

Applicant's Mailing Address:_____ (if different than the location address above)

City:_____ State: _____ Zip: _____

Email Address of primary contact: _____ Phone: _____

Inspection Contact Name: _____ Telephone/Email Address: _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Indiana Notice: The policy issued on the basis of this application will have the Vacant Building Protection Warranty, form number L-395, endorsement attached. This endorsement requires all the windows, doors and passageways to a building that is vacant or partially vacant remain fully secured and protected from unauthorized entry as a condition of coverage.

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 insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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.

Maine and 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 may include imprisonment, fines or a denial of insurance benefits.

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 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 and Virginia 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.

Fraud Statement (All Other States): 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: _____ Title: _____ Date: _____

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: _____ License #: _____

Main Agency Phone Number: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip Code: _____