

APPLICATION FOR VACANT PROPERTY PROGRAM

APPLICANT NAME _____

Mailing Address: _____

City: _____ State _____ Zip _____

Telephone Number: _____

Policy Term: _____

Location _____

Property Limit Requested: Building\$ _____ (80% Coins)Deductible \$ _____

Perils Requested: Fire _____ E.C. _____ Vandalism _____ Other _____

General Liability Limits Requested \$ _____

How long has applicant owned property at this location? ___ How long has building been vacant? ___

Prior Occupancy _____

Year Built _____ Year Renovated _____ Year Systems Upgraded _____

No. of Stories _____ Construction _____ Year Roof Replaced _____

Intended Disposition of Property (i.e., sell, rent, occupy) _____

Describe neighborhood - i.e., rural, commercial, residential _____

Describe general condition of building _____

Describe unrepaired damage, if any _____

How often are regular checks made to premises? _____ Photos attached? _____

Is building clear/secured/alarmed? _____ Utilities operational? _____

Loss History _____

Bankruptcy Status: _____ Mortgagee _____

Previous Carrier _____

Other pertinent information _____

Producer Name _____ Applicant Signature _____

Signature _____ Date _____

Address _____
