



Vacant Supplement

(Please submit with 5-year hard copy loss runs)

Named Insured: _____
Mailing Address: _____
Location Address: _____
Effective Date: _____

Reason for Vacancy: _____ Length of Time Building has been vacant: _____

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

Is the building scheduled for demolition? Yes No

Intended Use of building: _____

Purchase price of the building: _____ Purchase Date: _____

Intended disposition of property: Sale Lease Renovation Demolition

Expected date of occupancy: _____

Property Coverage

Building Limit: _____ Valuation: ACV RC Cause of Loss: Special Basic Deductible: _____

BPP Limit: _____

Description of BPP:

Construction Type: _____ Protection Class: _____ # of Stories: _____ Year built: _____ Total Area: _____

Building Improvements: Wiring Year: _____ Roofing Year: _____ Plumbing Year: _____ Heating Year: _____

Security: Active Central Station Burglar Alarm Active Local Burglar Alarm Exterior Openings Locked & Secured
 Boarded Up Perimeter Fencing

Guard Service: 24/7 Guard Night Watchman Hourly Patrol Daily Patrol Weekly Patrol

Fire Protection: Active Central Station Fire Alarm Local Fire Alarm

Active Automatic Sprinkler System

Active Central Station Sprinkler Flow Alarm Local Sprinkler Flow Alarm

Date Automatic Sprinkler System was last inspected and tested: _____

How often is building interior inspected? Daily Weekly Monthly Who inspects the building? _____

Who is responsible for building maintenance? _____

Utilities maintained in service: Electric Gas Water None Is Heat maintained to 55F or greater? Yes No

If Heat is not maintained have all pipes/systems been drained & supply shut off? Yes No

Is air conditioning or any other system located outside of building structure? Yes No

If Yes, describe location and how it is secured:

Has the building been condemned or found to be unsafe? Yes No

Has there been any Building Code Violations? If Yes, Explain: Yes No

Has the property suffered any losses or damage in the past 5 years? If yes, describe: Yes No

Is there any unrepaired damage? If Yes, describe: Yes No

Are all Real Estate taxes paid current to date? Yes No
Are all mortgage or loan payments current to date? Yes No
Are there any liens against the property (other than mortgage)? Yes No

If Yes, Explain:

No locations are mobile homes True False

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

Partially Vacant (if applicable)

What percent of the building is vacant? _____%

What measures have been taken to keep tenants/others out of the vacant section of the building?

All electric connected to functioning and operational circuit breakers? True False

Is there any aluminum or knob and tube wiring on the premises? Yes No

Are there functioning and operational smoke and/or heat detectors in all units and/or occupancies? Yes No

Are all permits obtained as required by law? Yes No

Building occupancy _____ Rate base _____ Owner operated Yes No

Building occupancy _____ Rate base _____ Owner operated Yes No

Building occupancy _____ Rate base _____ Owner operated Yes No

Renovation Coverage (if requesting)

Name and address of General Contractor: _____

Years of experience: _____

What is the total cost of renovations? _____

What is the current building value? _____

What will be the building value after renovations are complete? _____

What is the anticipated start date? _____

Is any structural work planned? Yes No

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

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

Fully describe the extent of renovations (including detailing any planned structural work or additions):

General Liability (if requesting)

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

Is the building on a piece of land greater than five acres? Yes No

If "Yes", what is the total acreage? _____

Building is not located on a farm True False

No swimming pools True False

Independent contractors coverage (answer the following three questions if this coverage is desired): True False

Exterior operations up to a maximum of four stories or 50 feet from grade level True False

No structural renovations True False

Certificate of insurance required from all subcontractors naming the applicant as additional insured True False

Applicant's signature: _____

Date: _____

Title: _____

Disclaimer

The signatory below is an authorized representative of the proposed insured and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Signature

National Producer Number (Required in Florida)

Producer's Signature

Applicant's Signature

Producer's Name (*please print*)

Date

State Producer License Number