

**VACANT BUILDING
APPLICATION
CAUSES OF LOSS – BASIC FORM**

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PRODUCER INFORMATION

PRODUCER NAME AND ADDRESS

APPLICATION INFORMATION

ALL REQUESTED INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED.

APPLICANT: _____

MAILING ADDRESS: _____
STREET CITY STATE ZIP

APPLICANT IS: INDIVIDUAL PARTNERSHIP CORPORATION OTHER (SPECIFY) _____

LOCATION ADDRESS:

STREET CITY STATE ZIP COUNTY*

* NOTE: APPLICATION CANNOT BE PROCESSED WITHOUT LOCATION "COUNTY"

INSPECTION CONTACT NAME AND PHONE NUMBER: _____

POLICY TERM: 3 MONTHS 6 MONTHS 12 MONTHS

A SEPARATE APPLICATION IS REQUIRED FOR EACH LOCATION

PROPERTY COVERAGE

LIMIT

BUILDING \$ _____ (ACV OR PURCHASE PRICE, IF PURCHASED WITHIN PAST YEAR)
RENOVATIONS \$ _____
PERSONAL PROPERTY \$ _____
TOTAL PROPERTY LIMIT: \$ _____

LIABILITY COVERAGE

\$ _____

TERRORISM RISK INSURANCE COVERAGE ACT DESIRED? YES NO

REASON FOR VACANCY _____

HOW LONG HAS APPLICANT OWNED BUILDING _____ DATE OF PURCHASE _____ / _____ / _____
MO DAY YEAR

INTENDED DISPOSITION OF RISK (SELL, RENT, OCCUPY SELF, SEASONAL): _____ SQ. FOOTAGE _____

ARE REGULAR CHECKS MADE TO THE PREMISES? YES NO IF 'YES', HOW OFTEN? _____

BY WHOM? _____ IS BUILDING SECURED? YES NO NO OF STORIES _____

STATE LOT SIZE, IF MORE THAN 1.5 ACRES: _____ NO OF DWELLING/COMMERCIAL UNITS _____ YEAR BUILT _____

CONSTRUCTION TYPE: _____ AGE OF ROOF: _____

DATE VACATED: _____ PROTECTION CLASS _____

ADDITIONAL BUILDING INFORMATION

IS THERE A POOL, POND, LAKE OR TRAMPOLINE ON THE PREMISES? [] YES [] NO

IS THERE A PARKING LOT? [] YES [] NO

IF "YES", IS THE PARKING LOT FENCED, CLOSED OFF TO OTHERS OR POSTED FOR NO TRSPASSING? [] YES [] NO

DESCRIBE NEIGHBORHOOD: _____

DESCRIBE GENERAL CONDITION OF BUILDING : _____

IS INTERIOR OF BUILDING FREE OF GARBAGE, DEBRIS, REFUSE, ETC.? [] YES [] NO

IS THERE AN ACTIVE CENTRAL FIRE STATION / BURGLAR ALARM? [] YES [] NO

IS THE HEAT MAINTAINED OR ARE THE PIPES DRAINED? [] YES [] NO

IS THERE AN ACTIVE SPRINKLER SYSTEM? [] YES [] NO

WILL THE BUILDING BE UNDERGOING RENOVATIONS OF ANY KIND DURING THE POLI CY TERM? [] YES [] NO

IF "YES", WILL ANYONE OTHER THAN THE APPLICANT BE DOING ANY OF THE WORK? [] YES [] NO

STATE THE TOTAL AMOUNT THAT WILL BE SPENT TO IMPROVE THE BUILDING? \$ _____

CHECK ALL BOXES BELOW THAT DEFINE THE WORK BEING DONE: (IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE SHEET.)

- [] REPLACING BATHROOM FIXTURES [] REPLACING FLOORS [] REPLACING WINDOWS
- [] SIDING OR PAINTING EXTERIOR [] REPLACING KITCHEN CABINETS [] REPLACING ROOF
- [] GUTTING THE PREMISES [] REPLACING EXTERIOR DOORS [] PAINTING
- [] REPLACING PLUMBING / HEATING / ELECTRICAL [] OTHER (SPECIFY): _____

RENOVATIONS ARE DEFINED AS: ANY KIND OF REMODELING, REPAIR WORK OR IMPROVEMENTS, NOT NEW CONSTRUCTION, ADDITIONS OR STRUCTURAL CHANGES

IF APPLICABLE: STATE THE DISTANCE FROM OCEAN, GULF, BAY, INLET OR SOUND: _____

ADDITIONAL BUILDING INFORMATION

LIENHOLDER: _____ MORTGAGEE [] LOSS PAYEE []

ADDRESS: _____

ADDITIONAL BUILDING INFORMATION

PRIOR CARRIER: _____

LOSSES IN PAST 3 YEARS*	YEAR	AMOUNT	DESCRIPTION OF LOSSES - DAMAGES REPAIRED? [] YES [] NO
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

* INDICATE "NONE", IF NO LOSSES.

THE APPLICANT COVENANTS THAT THE INFORMATION IN THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT BASED ON HIS/HER RECORDS, KNOWLEDGE, AND BELIEF. THE APPLICANT AGREES THAT THIS APPLCIATION SHALL CONSTITUTE A PART OF ANY POLICY ISSUED WHETHER ATTACHED OR NOT AND THAT ANY WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL VOID ANY POLICY ISSUED.

Original Signature of Producer (Required)

Original Signature of Applicant (Required)

Date

Official Title (If Applicable) _____
Date