



VACANT BUILDING AND VACANT LAND APPLICATION SUPPLEMENT

- Proposed First Named Insured & Other Named Insured(s):

- Mailing Address Street City County State ZIP Code

- Location Address Street City County State ZIP Code

- Contact Name: _____ Website: _____

Contact for Inspection/Audit:	Name:
	Phone No.:

- Applicant is: Individual Partnership Corporation Joint Venture LLC
 Other (specify): _____

- Proposed Effective Date: From: _____ To: _____

- Check all that apply: Vacant Land Vacant Building Land Leased to Others

Vacant Land and Land Leased to Others

- If the land is leased to others, is evidence of insurance required and is the owner listed as an additional insured on the tenant’s policy? Yes No
Describe: _____

- Total Acres: _____

- Describe plans for land and time frame: _____

	Yes	No
4. Has the land ever been used for any purpose? If yes, describe those operations and give period of time: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Any public access to land? If yes, provide details: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the land fenced? Posted “No Trespassing”?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there any water exposures on land such as ponds, lakes, streams, etc.? a. If yes, describe: _____ b. Total acres of lake: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there any recreational use of land or lakes (hunting, biking, motorcycles, fishing, equestrian, etc.)? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there or has there been any pollution problems?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is this now or has it been in the past a landfill or dumpsite?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there any farming or ranching operations? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
12. Are there any buildings, other structures, equipment, vehicles or other apparatus on land? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
13. a. Has the land been cleared or graded? b. Is grading planned? When?	<input type="checkbox"/>	<input type="checkbox"/>
14. a. Has the land been subdivided? b. Is subdividing planned? When?	<input type="checkbox"/>	<input type="checkbox"/>
15. a. Are any utilities, streets or roads in? b. Are any planned? When?	<input type="checkbox"/>	<input type="checkbox"/>

16. a. Are there any other developments? Yes No
 If yes, provide details: _____
- b. Are there any other developments planned? Yes No
 If yes, when? _____
17. If the land is leased to others, is the applicant named as an additional insured on the tenant's general liability policy? Yes No
18. Land is zoned for: Commercial Residential
19. Have any previous policies been cancelled for nonpayment? Yes No
20. Will there be any future real estate development? Yes No

Vacant Building Information

Location	Address (incl. City, State, ZIP)	Scheduled for Demolition?	
		Yes	No
1		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>

Location	Construction	Limit	Valuation	Deductible	Stories	Sq. Footage	Yr. Built	Vacant Since
1		\$		\$				
2		\$		\$				
3		\$		\$				
4		\$		\$				

Location	Prior Occupancy	Reason Vacant	Intended Date of Occupancy (if known)	Are regular checks of the building made?		If yes, how often?
				Yes	No	
1				<input type="checkbox"/>	<input type="checkbox"/>	
2				<input type="checkbox"/>	<input type="checkbox"/>	
3				<input type="checkbox"/>	<input type="checkbox"/>	
4				<input type="checkbox"/>	<input type="checkbox"/>	

Check which utilities continue during vacancy:

Location	Gas or Electric	Heat	Water	Sprinkler System
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Building Security – Check all boxes for applicable security during the vacancy:

Location	Boarded	Locked	Fenced	24 Hour Security	Local Alarm	Central Station Alarm	Intended Date of Occupancy
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Neighborhood Type:

Location	Residential	Commercial	Industrial	Rural
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREVIOUS INSURER & LOSS HISTORY – Attach separate sheet if necessary **See Loss Runs Attached**

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No Yes – If Yes, give name of company, date, and reason:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrence that may give rise to claims for the past 3 years:

Year	Carrier	Policy Number	Premium	Losses Paid	Losses Reserved	Description of Loss

FRAUD STATEMENTS

FLORIDA: 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.

LOUISIANA and MAINE: 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.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		