



Phone: (888)731-5116 Fax: (802)229-5669

## VACANT PROPERTY APPLICATION

Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Risk: \_\_\_\_\_

Contact Name/Phone # for Inspection: \_\_\_\_\_

Mortgagee: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount to be insured: \_\_\_\_\_ Other Structure? Amount \_\_\_\_\_

Valuation Requested: \*ACV \_\_\_ RC \_\_\_ \*If building is over 35 years old we can only provide ACV coverage.

If GL: Limits Required: \_\_\_\$300/\$300 \_\_\_\$500/\$500 \_\_\_\_\_Other

How long has property been vacant: \_\_\_\_\_ Is building locked and secured: \_\_\_\_\_

How long has insured owned the property? \_\_\_\_\_ Prior Occupancy? \_\_\_\_\_

Intended Disposition of Property (i.e.; sell, rent, occupy) \_\_\_\_\_

Will there be any renovations conducted? \_\_\_ Yes \_\_\_ No

If yes, does the insured have a licensed contractor? \_\_\_\_\_

If not, please explain situation \_\_\_\_\_

How often is the property checked by the applicant or an appointed agent of the applicant? \_\_\_\_\_

Protection Class \_\_\_ Distance from Nearest Hydrant \_\_\_ Distance from FD \_\_\_

### Private Protection:

\_\_\_ Central Station Fire Alarm \_\_\_ Central Station Burglar Alarm \_\_\_ Sprinklers



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If Sprinklers in place: Date of Last Sprinkler Inspection \_\_\_\_\_

Other protection: \_\_\_\_\_ Swimming Pool? \_\_\_\_\_

Construction Type \_\_\_\_\_ Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_

Yr of Updates to: Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_ Roof \_\_\_\_\_

Is the heat being maintained in the building? \_\_\_ Yes \_\_\_ No\*

\*If no, we require a qualified plumbing contractor drain all water pipes and shut off all water.

Perils Requested: \_\_\_ Basic (Fire, EC, VMM)

What is the general condition of the building? \_\_\_\_\_

Prior Carrier & Loss History (for past 3 years):

| Insurance Carrier | Term | Losses (if any) |
|-------------------|------|-----------------|
|-------------------|------|-----------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Is there any existing damage? If yes describe: \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Is insured currently in bankruptcy status? \_\_\_\_\_ Yes \_\_\_\_\_ No

COMMENTS: \_\_\_\_\_

By signing this application, I am attesting to the accuracy of information provided in this application. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy, is subject to immediate cancellation.

Signature of Applicant\*: \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

\*Signing this application does not bind the applicant or the company to complete the insurance.

| Name of Producer (Agency) | Phone |
|---------------------------|-------|
|---------------------------|-------|

| Producers Address | City | State | Zip Code |
|-------------------|------|-------|----------|
|-------------------|------|-------|----------|