Vacant Building Program Supplemental Application

(Complete in addition to ACORD Application)

Name of Applicant: _____

Web site Address: _____

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

1. Building Information:

Location No.	Location Address	Construction	Age	No. of Stories	Vacant Since
1					
2					
3					

		Utilities that are still turned on:		
Location No.	Prior Occupancy	Gas	Electric	Water
1		☐	☐	☐
2		☐	☐	☐
3		☐	☐	☐

Location No.	Current Building Use	Vacant Area (sq. ft.)	Area Occupied or Leased To Others (sq. ft.)	Total Building Square Footage
1				
2				
3				

2. Building Security/Neighborhood:

	Building Security ("x" those applicable)						Neighborhood ("x" those applicable)			
Location No.	Boarded	Fully Locked	Fenced	Guarded 24-Hours	Alarmed	How often do you see the building?	Resi-dential	Com-mercial	Indus-trial	Rural
1	☐	☐	☐	☐	☐		☐	☐	☐	☐
2	☐	☐	☐	☐	☐		☐	☐	☐	☐
3	☐	☐	☐	☐	☐		☐	☐	☐	☐

3. Plans For The Building(s):

	Location No. 1	Location No. 2	Location No. 3
If sprinklered, is sprinkler system turned off?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes, explain:			
Has building been condemned?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is building to be demolished or remodeled? If yes:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Describe the work to be done:			
Expected start date:			
Expected completion date:			
Who is performing the work? **a.** Licensed contractor **b.** Applicant acting as general contractor **c.** Other (describe)			
Are certificates of insurance obtained from contractors or subcontractors?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does applicant obtain a written contract from contractor containing hold-harmless clause in favor of the applicant?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Estimated cost for renovation/construction operations: During next twelve (12) months	$	$	$
For entire project	$	$	$
If applicant is acting as the general contractor: Does applicant obtain a written contract from all subcontractors containing hold-harmless clause in favor of the applicant?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is applicant named as an additional insured on the subcontractor's policy?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is scaffolding owned, rented or erected by the applicant?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Will applicant occupy the building upon completion?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is vacant building a condominium or townhouse? If yes:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is it owned by or in the name of the developer or builder?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is this a condominium or townhouse a conversion?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

4. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... ☐ Yes ☐ No

If yes, describe: _____

5. **Does applicant have other business ventures for which coverage is not requested?**..... ☐ Yes ☐ No

If yes, explain and advise where insured: _____

_____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **(Not applicable in Nebraska, Oregon or Vermont.)**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD WARNING (APPLICABLE IN TENNESSEE VIRGINIA AND WASHINGTON):

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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I/We agree to submit records for audit by the Company upon termination or expiration of this policy for the determination of actual gross receipts during the coverage period.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

_____

IMPORTANT NOTICE

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