



VACANT BUILDING SUPPLEMENTAL APPLICATION FOR PROPERTY COVERAGE

First Named Insured _____

- 1. Date property became vacant
2. What was prior occupancy?
3. Is the building for sale or lease?
4. How was the amount of insurance determined?
5. Date property purchased
6. Are regular security checks done?
7. Are the windows boarded up?
8. Are the utilities presently connected?
9. Is the building sprinklered?
10. Reason the building is vacant or unoccupied
11. Expected date of occupancy
12. Type of neighborhood
13. Is the building scheduled for demolition?
14. Is there a governmental order to vacate or destroy the building...

IMPORTANT NOTICE

DECLARATION

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

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history.

Signature of Applicant Title Date

Signature of Producing Agent Date

Agent Name and Address