

Mid Valley General Agency LLC

3400 State Street #G-740, Salem, OR 97301

Phone: 888-565-7001 ♦ Fax: 888-265-7353

www.midvalleyga.com

VACANT/RENOVATION PROPERTY SUPPLEMENTAL APPLICATION

(Attach to Accord 125 – Applicant Information Section)

Applicant's Name: _____

Location Address: _____

<u>PROPERTY INFORMATION</u>			
Risk Address:	Current disposition: <input type="checkbox"/> Vacant <input type="checkbox"/> Renovation Intended disposition: <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Occupy		
Year Built:	Year Renovated:	Protection Class:	
Construction Type:	Wiring: Roof:	Number of Stories:	
Square Feet:	Plumbing: Heating:	Prior occupancy:	
Intended renovations:	Protective Devices	Utilities Operational: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Central Station Fire Alarm	Building Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Central Station Burglar Alarm	Bankruptcy: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Time Vacant:	<input type="checkbox"/> Sprinklers	Bankruptcy Status:	
Reason:	<input type="checkbox"/> Other (Describe Below)		
Condition of building:	Loss History & Prior/Mortgagee	Unrepaired damage: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Mortgagee:	(Describe Below)	
	Prior Carrier:	Frequency of check-ups:	
Describe Neighborhood:	Loss History:	Made by whom:	
How long has the applicant owned property at this location:			
Is the building historically significant or part of a Historical Register: <input type="checkbox"/> Yes <input type="checkbox"/> No			

<u>PROPOSED PROPERTY COVERAGE</u> *For new purchase, please insure for "purchase price excluding land".*		
Existing Building Limit: \$	Renovation Limit: \$	Total Building Limit: \$
Deductible Requested: \$	Coinsurance: %	
Coverage: <input type="checkbox"/> BASIC <input type="checkbox"/> BASIC X VMM <input type="checkbox"/> OTHER -		

Other Pertinent Information: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date