**VACANT BUILDING PROGRAM SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD 125, 126, & 140)

|  |  |
| --- | --- |
| Applicant’s Name:    Location Address: | Agency Name:  Agent No.:  Phone No.: |

**PROPOSED EFFECTIVE DATE: From**        **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**1. Building Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Loc. No.** | **Location Address** | **Construction** | **Age** | **No. of Stories** | **Vacant Since** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Utilities that are still turned on:** | | |
| **Loc. No.** | **Prior Occupancy** | **Gas** | **Electric** | **Water** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Loc. 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)** | | | |
| **Loc.  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):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Loc. No. 1** | **Loc. No. 2** | | **Loc. 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?** | Yes  No | Yes  No | | Yes  No |
| If yes: |  |  | |  |
| 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 all subcontractors required to carry General Liability insurance?** | Yes  No | Yes  No | | Yes  No |
| **Are certificates of insurance obtained from contractors or subcontractors?** | Yes  No | Yes  No | | Yes  No |
| **Are all subcontractors required to carry Workers Compensation insurance?** | Yes  No | Yes  No | | Yes  No |
| **Does applicant obtain a written contract from contrac- tor containing hold-harmless clause in favor of the  applicant?** | Yes  No | Yes  No | | Yes  No |
| **What is the current value of the building (Provide Both):** | RC: $ | | ACV: $ | |
| **Estimated cost for renovation/remodel operations:** |  |  | |  |
| During next twelve (12) months: | $ | $ | | $ |
| For entire project: | $ | $ | | $ |
| **If applicant is acting as the general contractor:** |  |  | |  |
| 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?** | 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 AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

|  |  |  |
| --- | --- | --- |
|  | **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. | | |