

VACANT DWELLING APPLICATION FORM

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

ELIGIBILITY QUESTIONS

1. In which state is the property to be insured: _____
2. Please confirm the type of property to be insured: Residential Commercial Farm Other
3. Please enter the period the property has been vacant: 0-6 Months 7-24 Months 25-36 Months 37+ Months
4. Has the property to be insured been continuously covered by a policy of property insurance since becoming vacant? Yes No
5. Is the building(s) to be insured secured against unauthorized entry? Yes No

6. Has the applicant had any policy of property insurance cancelled or non-renewed in the past (three) years for reasons other than vacancy? (Not applicable to risks located in MO. For MO risks please select 'No'.): Yes No

If the answer above is Yes, were they for any of the following reasons only:

- Insurer no longer writing class of business? Yes No
- Insurer no longer writing class of business in territory? Yes No
- Risk no longer qualifying for an Admitted Carrier program? Yes No
- Loss History? Yes No

7. Has the applicant ever been involved in any bankruptcy proceedings and/or convicted of arson or insurance fraud? Yes No

8. Is the property to be insured subject to mortgage foreclosure proceedings or tax liens? Yes No

9. Was the property to be insured previously occupied as a hotel, motel, church, golf club, or school? Yes No

10. Has the property to be insured been condemned or is it scheduled for demolition? Yes No

11. Existing structural damage to building(s) to be insured? Yes No

12. Is the property to be insured subject to more than two mortgages or other encumbrances or a mortgage provided by an individual or entity other than a financial institution? Yes No

13. Is the property to be insured undergoing any renovation or construction work of any kind, or is any such work due to commence while insurance is in effect? Yes No

If the answer above is "yes" please answer the following question

14. Is the renovation or construction work (i) being performed by a contractor or owner where project costs exceed \$400,000; or(ii) involve structural work or structural repairs being performed by any person? Yes No

15. Is this a manufactured home? Yes No

16. Is the manufactured home on a permanent foundation or secured to the ground with approved-tie downs and anchors, and does the manufactured home have permanent skirting? Yes No

APPLICANT DETAILS

Name and Mailing Address of Applicant: _____

City _____ State _____ Zip code _____

Telephone _____ Email _____

Address of Property to be Insured: _____

City _____ State _____ Zip code _____

Name and Address of Retail Broker: _____

City _____ State _____ Zip code _____

CONTACT DETAILS

Contact Name _____

Telephone _____ Email _____

COVERAGE AND PROPERTY DETAILS

17. Protection Class: _____ 18. Period of Insurance: 3 Months 6 Months 9 Months Annual

19. Total Sq Footage of building to be insured including outbuildings: _____

20. Is Vacant Condominium Unit Owners Coverage required? Yes No

21. Value of Building: (Total value of Main Building excluding Other Structure(s)): _____

22. Construction Type: Frame Joisted Masonry Non Combustible Masonry Non Combustible Modified Fire Resistive Fire Resistive

23. Age of Building or complete building upgrade in? (This includes plumbing, electric, roof) 0-35 Years 36-50 Years Over 50 Years

24. When was the roof last replaced? 0-25 Years 26-50 Years Over 50 Years

25a. Are there any other Structures to be insured? Yes No 25b. Value of Other Structure(s): _____

26. Please provide a brief description: _____

27. Do you require personal property? Yes No

28. Value of personal property to be insured: _____

29. Wind and Hail Deductible per occurrence: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$25,000

30. All Other Perils Deductible (excluding Wind Peril): \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$25,000

31. Type of Quote: DP-1 DP-3

32. Estimated Renovation or Construction Work Project Costs: _____

33. Description of Renovation or Construction Work: _____

34. Is Work being undertaken by a Contractor? Yes No

35. What CGL Limit carried by the Contractor? 300k 500k 1m

36. Is Vandalism and Malicious Mischief cover required? Yes No

37. Premises Liability: Yes No

38. Premises Liability limits: \$25,000 \$50,000 \$100,000 \$300,000 \$500,000 \$1,000,000

39. How often is the building to be insured inspected by the applicant or the applicant's representative? Daily Weekly Monthly Other

40. Which Utilities are operational: Electricity only Water only Electricity & Water None

41. Is there a fully functional Central Station Burglar Alarm with active monitoring contact? Yes No

42. Have there been any insured or uninsured losses or claims at the property to be insured? Yes No

Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired: _____

43. Identify all mortgagees, lien holders and additional loss payees (if any, including account numbers and outstanding amounts): _____

44. If required, please enter below details of Additional Insured: _____

DECLARATION

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature _____ Retail Broker's Signature _____

Date _____ Date _____