

800-666-5692

Applicant's Signature

Agency: Agency Code: Contact: Phone:

Email: New Policy #: Renewal VACANT BUILDING SUPPLEMENT (Include Acord application) Location Address: Applicant's Name: Mailing Address: **Building Information** Location Number of Stories Vacant Since Construction No. 1 No. 2 No. 3 Utilities that are still turned on Location Prior Occupancy Gas Electric Water No. 1 No. 2 No. 3 Square Footage **Current Building Use** Loc. #1 Loc. #2 Loc. #3 Vacant area Describe any areas occupied or leased to others, if any (show area for each): Total Building Square Footage **Building Security** Neighborhood ("X" those applicable) ("X" those applicable) How often do 24 Hour Location Boarded Locked Fenced Alarmed you see the Residential Commercial Industrial Rural Security building? No. 1 No. 2 No. 3 Plans for the building(s): Is a building to be demolished or remodeled? ☐ Yes ☐ No If yes, please answer the following: Describe the work to be done: Expected start date: Expected completion date: Who is performing the work? ☐ Licensed Contractor ☐ Applicant acting as a general contractor ☐ Other Are certificates of insurance obtained from contractors or subcontractors? ☐ Yes ☐ No Is a contract containing a hold harmless clause holding applicant harmless obtained from the contract? ☐ Yes ☐ No Estimated cost for renovation/construction operations: During next 12 months: \$______ For entire project: \$_____ Is applicant is acting as the general contractor: (1) Does applicant obtain a written contract from all subcontractors which includes a hold harmless clause in favor of the applicant? ☐ Yes ☐ No (2) Is applicant named as an additional insured on the subcontractor's policy? ☐ Yes ☐ No (3) Is scaffolding owned, rented or erected by the applicant? ☐ Yes ☐ No Will applicant occupy the building upon completion? □ Yes □ No 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.

Date

Producer's Signature