



VACANT BUILDING PRODUCT APPLICATION

GENERAL APPLICANT INFORMATION

Applicant's Name _____
 Mailing Address _____ City _____ State _____ Zip _____
 Location Address _____ City _____ State _____ Zip _____
 Same as Mailing
 Inspection Contact Name _____
 Inspection Contact Phone _____

DESIRED COVERAGE

Property General Liability

DESIRED TERM

Annual 9 months 6 months 3 months

TYPE OF VACANT EXPOSURE

Applicant is the owner of a building that is 100% vacant Total sq. ft. _____
 Applicant is the owner of a condo unit that is 100% vacant Total sq. ft. _____
 Applicant is the owner of a building that is partially vacant Total sq. ft. _____
 Description & sq. ft. of all tenant occupancies _____
 Applicant is the tenant leasing space that is currently vacant Total sq. ft. _____

PROPERTY UNDERWRITING INFORMATION & ELIGIBILITY

Building limit _____

Business Personal Property limit _____

Desired Property deductible:

\$500 \$2,500 \$10,000
 \$1,000 \$5,000 \$25,000

Desired Coinsurance:

80% 90% 100%

1. Have there been any Property losses in the past three years? Yes No

Date of Loss	Description of Loss	Open/Closed?	Amount Paid	Reserve

2. Please select the construction type of the building:

Frame Joisted Masonry Non-Combustible
 Masonry Non-Combustible Modified Fire Resistive Fire Resistive

3. Please provide the protection class of the building _____

4. Please provide the year of original construction _____

5. Is the building plumbing PVC or copper? Yes No

6. Have all HVAC systems been updated in the past 25 years? Yes No

7. Please confirm the type of roof and year of most recent recoating or replacement _____

8. Is there a loss payee that needs to be added? Yes No

Name	Interest	Address

9. Is any demolition work scheduled or planned in the future? Yes No
10. Will there be any renovation work performed during the policy period? Yes No
- If yes, please confirm the cost of the renovation work _____
 - If yes, please answer the following questions:
 - Will the renovations involve structural work? Yes No
 - Are certificates of insurance required from all subcontractors or is the applicant performing the renovation work? Yes No
 - Does the insured or contractor performing the work have at least 3 yrs of experience in conducting renovation projects? Yes No
 - Will the renovations include any building additions other than situations where all buildings are frame construction and/or additions are being added to any side of the building? Yes No
 - Does the project involve bridges, dams, tunnels, bubble buildings, green houses, waste water facilities, airport hangars silos, chemical petroleum energy, co-generation tanks, or radio, TV and communication towers? Yes No
 - Are exterior operations limited to a maximum of four stories in height or fifty feet from grade level? Yes No

GENERAL LIABILITY UNDERWRITING INFORMATION & ELIGIBILITY

Please select the desired General Liability limit:

- \$100,000/\$200,000 \$300,000/\$600,000 \$1,000,000/\$1,000,000
- \$100,000/\$300,000 \$500,000/\$500,000 \$1,000,000/\$2,000,000
- \$300,000/\$300,000 \$500,000/\$1,000,000 \$1,000,000/\$3,000,000

11. Have there been any General Liability losses in the past three years? Yes No

Date of Loss	Description of Loss	Open/Closed?	Amount Paid	Reserve

12. Is the building located on a piece of land greater than five acres? Yes No
13. Is there a mortgagee that needs to be added as an additional insured? Yes No

Name	Interest	Address

GENERAL UNDERWRITING INFORMATION & ELIGIBILITY

14. Any past, pending or planned bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the last five years? Yes No
15. Has coverage been cancelled or non-renewed in the past three years for any reason other than the building being vacant (not applicable in Missouri)? Yes No
16. Is the building locked and secured from unauthorized entry? Yes No
17. Is the building currently damaged (fire or otherwise)? Yes No
18. Is the applicant the owner of all properties or the tenant required to insure the building (if building coverage is requested)? Yes No
19. Is the location a mobile home? Yes No
20. Has any tenant been evicted from the property in the past 60 days and/or is any tenant in the process of being evicted? Yes No
21. Is the building located on a farm? Yes No
22. Is there a swimming pool at the location? Yes No

Applicant's Signature: _____ Date: _____