

VACANT PROPERTY SUPPLEMENT

PRODUCER: _____

NAME AND ADDRESS OF RISK: _____

In order to be able to write your vacant building or premises exposure requires the following information be completely filled out and returned to us as part of the application process. We cannot quote or bind coverage until this completed form is received.

1. How long has the property been vacant: _____; prior occupancy was: _____
and intended disposition is: *Sale* _____; *Rental* _____; *Renovation* _____. (Please Specify)
2. How Frequently is the building inspected? _____. Is the building secure? *Yes* ___ *No* _____.
When is occupancy expected? _____. Have all utilities been turned off? *Yes* ___ *No* _____.
Comments: _____

3. Are all real estate taxes fully paid to date? *Yes* ___ *No* ____.
4. Are all mortgages fully paid to date? *Yes* ___ *No* ____.
5. Is the owner in bankruptcy or currently in the process of filing for bankruptcy? *Yes* ___ *No* ____.
6. Have any other buildings owned by the insured or any affiliate of the insured, suffered a fire loss during the past 36 months? *Yes* ___ *No* _____. If so, please specify _____
