



CONTRACT DIVISION - VACANT BUILDING - SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable check boxes below

This application is mandatory if you have construction exposures (remodel, renovation, demolition)

General Agent:

Date:

Insured:

Insured Mailing Address:

Insured's Web Address:

Insured Contact Name:

Phone Number:

PROHIBITED (check all that apply to your operations)

- Attractive nuisance exposures (mines, motorized vehicle trails, pits, quarries, swimming holes)
- Condemned property(s), or anticipated to be condemned
- Damage to premises has not yet been repaired
- Environmental cleanup or remediation sites, as well as former landfill or garbage dumps

Have not:

- Boarded up buildings not actively for sale
- Checked property at least twice a month
- Posted property with "No Trespassing" signs
- Secured premises against unauthorized entry

- Historic Register Properties
- Insured has lapsed on property, we require concurrent coverage to place a vacant building policy
- Premises are to be converted or remodeled to be multi-family habitational property such as apartments, condos, coops or townhomes

Prior Occupancy was related to:

- Aerospace, airport facilities
- Chemicals, Hazardous materials
- Dams, reservoirs, levees
- Grain elevators, silos
- Mining or quarry operations
- Petrochemical, Petroleum bulk storage, Refineries
- Power Plants
- Railroads
- Storage tanks

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YEARS IN BUSINESS / EXPERIENCE

_____ Years in business as the 'Named Insured' indicated on this application

_____ Years' experience in the operations indicated on this application - Attach resumes if available

- Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
(Missouri Applicants - Do not answer this question)

- Applicant in receivership
 Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

LOSS HISTORY

- Three years of loss history information provided on ACORD application or attached to this application

EXPOSURES / CONTROLS

Vacant because of: Foreclosure Estate settlement Bsns Discontinued Loss of tenant
 Other (describe): _____

- Vacancy period exceeds 4 years, submit for approval required. Vacant since (month/year): _____
 Property is actively up for sale
 Property is actively up for lease
 Property is in receivership
 Utilities have been disconnected
 Water pipes drained (assuming location is exposed to freezing temperatures)

CONSTRUCTION

Total Project Cost: \$ _____

Describe Project:

- Insured is acting as their own general contractor
 Insured has prior construction experience, including general contracting experience
 Insured is doing their own demolition (buildings scheduled for demolition can not be covered for property)
 Insured is subcontracting their demolition

SUBCONTRACTORS

- Uninsured Subcontractors are not acceptable.
- Risk Transfer – Subcontractors:
 - A.I.A. Standards followed when establishing contracts with subcontractors
 - Additional Insured – Status granted to you on the subcontractor's policy
 - Certificates of insurance - Always obtained from a subcontractor prior to any work being done for you.
 - Hold harmless and Indemnification Agreements – Required from subcontractors
 - Limits of Liability - Subcontractors are required to carry limits equal or above your own
 - Uninsured subcontractors – Sometimes used – Explain:

- Workers compensation (if applicable) – Subcontractors required to have their own WC

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COVERAGE OPTIONS - LIABILITY (check if you would like a quote on any of the following)

- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability

COVERAGE OPTIONS - PROPERTY (check if you would like a quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 & U523
- Property Coverage Enhancement: Bronze – U777C Silver – U777B or Gold – U777A
- Signs (Outdoor) – CP1440
- Water Back Up and Sump Overflow – U548

GENERAL FRAUD STATEMENT (Not applicable in all states.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- *The answers are true, correct and complete to the best of his/her knowledge.*
- *They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE