



**Application: Vacant Building**

Requested policy term: 3 mo. 6 mo. 12 mo.  
Requested effective date: Prior expiration date:  
Applicant signature (required): Date:  
Prior carrier:  
Has coverage been declined, cancelled or non-renewed? Yes No

**Applicant/Co-Applicant Information**

Applicant name: Address:  
City: State: Zip: Phone:  
Occupation: Employer: Yrs. with employer:

**Rating/Underwriting Information**

Location address:  
How long has the applicant owned the building?  
If purchased in the past year, please list purchase price:  
Prior use of building when occupied:  
Intended disposition:  
Please check box to confirm there will be no renovations on this dwelling:  
Please list the person making weekly visits to the dwelling for maintenance, snow load removal, etc....:  
Name: Phone:  
Protection Class: Distance to hydrant: Fire dept.?  
Lot size: Year built: Square footage:  
# of amps: Circuit breakers? Yes No Fuses? Yes No  
Knob & Tube or Aluminum wiring? Yes No  
Is electricity maintained year round?  
Please list all heat sources:  
Construction type?



When was the wiring, heating, plumbing and roofing last fully updated? Please select date:

Wiring:                      Heating:                      Plumbing:                      Roofing:

Have the pipes been drained and the water shutoff?    Yes                      No

If no, what is the primary source of heat for the vacant building?

Is fuel setup for auto delivery?    Yes                      No

Property Coverage	Desired Coverage Limit
ACV of Existing Structure	\$
Personal Property	\$
Premises Liability	\$
Medical Payments	\$

**Three Year Loss History**

Year:	Payout amount:	Description of damages or repairs:

Mortgagee Clause:

Agent signature:

Agency:                      Address:                      City:                      State:

Zipcode:                      Phone:                      Email: