



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
Existing Structure	\$ RC ACV
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: