



## Vacant Building/Renovation Supplemental Application

### General Information

Name insured: \_\_\_\_\_

Date property became vacant: \_\_\_\_\_ Purchase date: \_\_\_\_\_ Purchase price: \_\_\_\_\_

What was the prior occupancy? \_\_\_\_\_

Why has the building become vacant?  Foreclosure  Settlement of estate  Business discontinued  
 Loss of tenant  Other: \_\_\_\_\_

What is the condition of the building? \_\_\_\_\_

Any existing damage?  Yes  No If yes describe: \_\_\_\_\_

Any existing adverse environmental hazards on the property?  Yes  No  
If yes describe: \_\_\_\_\_

Describe neighborhood: \_\_\_\_\_

What are the plans for the building?  Sell  Rent  Occupy  Other: \_\_\_\_\_

If sale or lease when is sale/occupancy expected? \_\_\_\_\_

How is the building secured?  Central station fire alarm  Central station burglar alarm  
 Locked  Boarded  Guard  Fenced  Flood lighting  
 Other \_\_\_\_\_

How often will the insured or their representative visit the property? \_\_\_\_\_

Are utilities operational?  Yes  No

Is the building sprinklered?  Yes  No

If yes will heat be maintained to a minimum of 55 degrees F?  Yes  No

Is there a government order to vacate/destroy the building?  Yes  No

### Financial

Are all mortgages and taxes fully paid to date?  Yes  No

Any other liens against the property?  Yes  No

Is any insured, insured affiliate or principal in bankruptcy or currently in the process of filing for bankruptcy?  Yes  No  
If yes, describe: \_\_\_\_\_

Any losses at this property or at any other properties owned by the insured in the last 5 years?  
 Yes  No If yes describe: \_\_\_\_\_

Term of coverage desired:  3 Months  6 Months  12 Months



**Fully describe renovation work to be performed:**

**Any structural alterations?**  Yes  No **If yes, please describe:** \_\_\_\_\_

**What is the expected start date?** \_\_\_\_\_ **Expected completion date?** \_\_\_\_\_

**How will jobsite be secured?** \_\_\_\_\_

**Who is performing the work?**  Licensed contractor  Applicant acting as general contractor  
 Other \_\_\_\_\_

**Are certificates of insurance obtained from contractors or sub contractors?**  Yes  No

**Are certificates of insurance obtained carrying at least equal limits to those of insured?**  Yes  No

**Is a contract containing a hold-harmless clause holding applicant harmless obtained from the contractor?**  
 Yes  No

**Estimated cost for renovation/construction operations:**

**During next 12 months:** \$ \_\_\_\_\_

**For entire project:** \$ \_\_\_\_\_

**Existing value of building:** \$ \_\_\_\_\_

**Completed value of building:** \$ \_\_\_\_\_

**If applicant is acting as the general contractor:**

**Does applicant obtain a written contract from all subcontractors which includes a hold harmless clause in favor of the applicant?**  Yes  No

**Are certificates of insurance obtained from contractors or sub contractors?**  Yes  No

**Is applicant named as an additional insured on the subcontractors policy?**  Yes  No

**Is scaffolding owned, rented, Or erected by the applicant?**  Yes  No

**Insured's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Producer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_