



INSURANCE MARKETS, INC.

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Vacant Building Qik Application

Name of Applicant: _____

Individual Partnership Corporation LLC

Inspection Contact & Phone Number: _____

Web site Address: _____

Mailing Address: _____

Zip Code: _____

1. Building information:

Location No.	Location Address	Construction	Age	No. of Stories	Vacant Since
1					
2					

Location No.	Prior Occupancy	Utilities that are still turned on:		
		Gas	Electric	Water
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location No.	Current Building Use	Vacant Area (sq. ft.)	Area Occupied or Leased To Others (sq. ft.)	Total Building Square Footage
1				
2				

2. Building Security/Neighborhood:

Location No.	Building Security ("x" those applicable)						Neighborhood ("x" those applicable)			
	Boarded	Locked	Fenced	24-Hour Security	Alarmed	How often do you see the building?	Residential	Commercial	Industrial	Rural
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIMITS:	Location No. 1	Location No. 2
Building:		
Bpp:		
	<input type="checkbox"/> RCV <input type="checkbox"/> ACV	<input type="checkbox"/> RCV <input type="checkbox"/> AVC
Protection Class:	<input type="checkbox"/> 1-7 <input type="checkbox"/> 8-10	<input type="checkbox"/> 1-7 <input type="checkbox"/> 8-10
Liability: 100cs1 <input type="checkbox"/> 300cs1 <input type="checkbox"/> 500cs1 <input type="checkbox"/> 1 mil cs1 <input type="checkbox"/>		
Perils: <input type="checkbox"/> Basic <input type="checkbox"/> Special		

3. Plans For The Building(s):

	Location No. 1	Location No. 2
If sprinklered, is sprinkler system turned off?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has building been condemned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is building to be demolished or remodeled? If yes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the work to be done:		
Expected start date:		
Expected completion date:		
Who is performing the work? a. Licensed contractor b. Applicant acting as general contractor c. Other (describe)		
Are certificates of insurance obtained from contractors or subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant obtain a written contract from contractor containing hold-harmless clause in favor of the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated cost for renovation/construction operations: During next twelve (12) months	\$	\$
For entire project	\$	\$
If applicant is acting as the general contractor: Does applicant obtain a written contract from all subcontractors containing hold-harmless clause in favor of the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is applicant named as an additional insured on the subcontractor's policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is scaffolding owned, rented or erected by the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will applicant occupy the building upon completion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Is vacant building a condominium or townhouse? Yes No

If yes, is it owned by or in the name of the developer or builder? Yes No

5. Detail 5 year loss history:

6. Is plumbing all pvc & copper? Yes No

Type of roof construction:

Age of roof?

7. Current carrier name/dates/reason for canceling or non renewing:

8. size of land if over 5 acres:

9. Any back taxes,loans ,liens owed on property? Yes No

10. Any bankruptcy now, planned or in the past? Yes No

11. What are plans for location & time frame?

12. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____