

**GENERAL APPLICANT INFORMATION**

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Location Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Same as Mailing  
 Inspection Contact Name \_\_\_\_\_  
 Inspection Contact Phone \_\_\_\_\_

**DESIRED COVERAGE**

Property       General Liability

**DESIRED TERM**

Annual       9 months       6 months       3 months

**TYPE OF VACANT EXPOSURE**

Applicant is the owner of a building that is 100% vacant      Total sq. ft. \_\_\_\_\_  
 Applicant is the owner of a condo unit that is 100% vacant      Total sq. ft. \_\_\_\_\_  
 Applicant is the owner of a building that is partially vacant      Total sq. ft. \_\_\_\_\_  
     Description & sq. ft. of all tenant occupancies \_\_\_\_\_  
 Applicant is the tenant leasing space that is currently vacant      Total sq. ft. \_\_\_\_\_

**PROPERTY UNDERWRITING INFORMATION & ELIGIBILITY**

Building limit \_\_\_\_\_

Business Personal Property limit \_\_\_\_\_

Desired Property deductible:

\$500       \$2,500       \$10,000  
 \$1,000       \$5,000       \$25,000

Desired Coinsurance:

80%     90%     100%

1. Have there been any Property losses in the past three years?      Yes  No

Date of Loss	Description of Loss	Open/Closed?	Amount Paid	Reserve

2. Please select the construction type of the building:

Frame       Joisted Masonry       Non-Combustible  
 Masonry Non-Combustible       Modified Fire Resistive       Fire Resistive

3. Please provide the protection class of the building \_\_\_\_\_

4. Please provide the year of original construction \_\_\_\_\_

5. Is the building plumbing PVC or copper?      Yes  No

6. Have all HVAC systems been updated in the past 25 years?      Yes  No

7. Please confirm the type of roof and year of most recent recoating or replacement \_\_\_\_\_

8. Is there a loss payee that needs to be added?      Yes  No

Name	Interest	Address

9. Is any demolition work scheduled or planned in the future? Yes  No
10. Will there be any renovation work performed during the policy period? Yes  No
- If yes, please confirm the cost of the renovation work \_\_\_\_\_
  - If yes, please answer the following questions:
    - Will the renovations involve structural work? Yes  No
    - Are certificates of insurance required from all subcontractors or is the applicant performing the renovation work? Yes  No
    - Does the insured or contractor performing the work have at least 3 yrs of experience in conducting renovation projects? Yes  No
    - Will the renovations include any building additions other than situations where all buildings are frame construction and/or additions are being added to any side of the building? Yes  No
    - Does the project involve bridges, dams, tunnels, bubble buildings, green houses, waste water facilities, airport hangars silos, chemical petroleum energy, co-generation tanks, or radio, TV and communication towers? Yes  No
    - Are exterior operations limited to a maximum of four stories in height or fifty feet from grade level? Yes  No
    - Has the renovation work started? Yes  No

**GENERAL LIABILITY UNDERWRITING INFORMATION & ELIGIBILITY**

Please select the desired General Liability limit:

- \$100,000/\$200,000       \$300,000/\$600,000       \$1,000,000/\$1,000,000
- \$100,000/\$300,000       \$500,000/\$500,000       \$1,000,000/\$2,000,000
- \$300,000/\$300,000       \$500,000/\$1,000,000       \$1,000,000/\$3,000,000

11. Have there been any General Liability losses in the past three years? Yes  No

Date of Loss	Description of Loss	Open/Closed?	Amount Paid	Reserve

12. Is the building located on a piece of land greater than five acres? Yes  No
13. Is there a mortgagee that needs to be added as an additional insured? Yes  No

Name	Interest	Address

14. Please confirm the number of years this location has been vacant/unoccupied?

**GENERAL UNDERWRITING INFORMATION & ELIGIBILITY**

15. Any past, pending or planned bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the last five years? Yes  No
16. Has coverage been cancelled or non-renewed in the past three years for any reason other than the building being vacant (not applicable in Missouri)? Yes  No
17. Is the building locked and secured from unauthorized entry? Yes  No
18. Is the building currently damaged (fire or otherwise)? Yes  No
19. Is the applicant the owner of all properties or the tenant required to insure the building (if building coverage is requested)? Yes  No
20. Is the location a mobile home? Yes  No
21. Has any tenant been evicted from the property in the past 60 days and/or is any tenant in the process of being evicted? Yes  No
22. Is the building located on a farm? Yes  No
23. Is there a swimming pool at the location? Yes  No

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_