

Vacant Property Supplement

General Information

| | | | |
|--|--------------------------|--------------------------|--|
| Named Insured _____ | | | |
| Principal Owners _____ | | | |
| | | | |
| | | | |
| Percent of Building Vacant _____ | Age of building _____ | | |
| Reason for Vacancy _____ | | | |
| Date of last Occupancy _____ | | | |
| Prior Occupancy _____ | | | |
| Intended use _____ | | | |
| Expected Date of Occupancy _____ | | | |
| Any pending appeals to change property zoning? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <p><i>Renovations are not permitted during the policy period.</i></p> <p><i>Note if renovations are scheduled please contact our Inland Marine Department.</i></p> | | | |
| Are Utilities operational ? | Gas | Water | Electric |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Security

| Building | | | | If Alarmed specify Type _____ |
|----------------------------------|---|--------------------------|--------------------------|----------------------------------|
| Boarded | Locked | Fenced | Alarmed | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Neighborhood | | | | |
| Industrial | Residential | Commercial | Rural | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Frequency of building inspection | Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> | | | |

Valuation

| | |
|----------------------|------------------------|
| RCV _____ | Square Footage _____ |
| ACV _____ | |
| Purchase Price _____ | Date of Purchase _____ |

Financial

| | |
|---|--|
| Are all real estate taxes paid? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are all Mortgage obligations fully paid to date ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Any liens (other than mortgage) against the property? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is any insured, insured affiliate, or principal in bankruptcy or currently in the process of filing for bankruptcy? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Loss Information

| | |
|---|--|
| Any losses at this property in the past 36 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Any losses at any other properties owned or managed by the insured in the past 36 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Applicant Signature _____ Producer Signature _____