



Vacant Building Monoline Property

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

1. Applicant: _____

2. Mailing Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Inspection Contact: _____ Telephone: _____

5. Effective Date: _____ Policy Term: 3 6 9 12 months

6. Location(s) and Description of Property:

Loc. No.	Bldg. No.	Address	City	County	State	ZIP Code
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Loc. No.	Bldg. No.	No. of Stories	Total Construction	Sq. Ft. Area	Public	Operational Private Protection			Date Last Tested
					Protection Code	C.S. Bglr. Alarm?	C.S. Fire Alarm?	Automatic Sprinkler	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

7. How long has Applicant Owned Property? _____ How long has Property been vacant? _____

8. Prior Occupancy? _____

9. Reason for Vacancy? _____

10. Intended Disposition? (sell, rent, occupy, demolish, *if demolish decline*) _____

11. Any tax liens on the property? Yes No (If Yes, decline)

12. Has the risk filed for (or in) bankruptcy Yes No

13. Describe Area for Location(s) Commercial Residential Industrial Other _____

14. General Condition of Building(s)? (describe any existing damage, *if fire damage decline*) _____

15. Are Regular Checks Made of Premises? Yes No If Yes, how often? _____

By Whom? _____

16. Describe conditions of adjacent exposures, whether Occupied Vacant Other _____

17. Is Building(s) Locked Boarded Up Secured Alarmed Utilities Operational

18. If Building(s) will be undergoing renovations during policy term, describe extent: _____

19. If under renovation-who will complete? Applicant GC or hired contractor Other

Total cost of Renovation? \$ _____

20. Prior Carrier: _____ Reason For Non-Renewing: _____

21. Loss History: _____

Property

Limits of Insurance		Loc.No.	Bldg.No.	Coinsurance	Mortgage Amount	Any Back Taxes Owed or Property Liens on
Building						
\$	_____	_____	_____	_____	_____	_____
\$	_____	_____	_____	_____	_____	_____
\$	_____	_____	_____	_____	_____	_____

FRAUD STATEMENT: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

IF THE APPLICANT IS LOCATED IN THE STATE OF NEW YORK, THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAMED INSURED AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

APPLICANT'S SIGNATURE _____

NAME OF AUTHORIZED AGENT OR BROKER _____

ADDRESS _____

MAIL COMPLETED
APPLICATION THROUGH
LOCAL AGENT OR BROKER TO: