**Vacant Building PDQ Supplemental Application**

(Complete in addition to ACORD General Uability Application)

Name of Applicant: \_

1. Building Information:

...

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location** | **Construction** | **Age** | **No. of Stories** | **Vacant Since** |
| No. **1** |  |  |  |  |
| No. 2 |  |  |  |  |
| No. 3 |  |  |  |  |

**Ut1ht1es still turned on**

**Location Prior Occupancy** I

Gas

I Electric

I **Water**

**DeSCrl'be any areas occup1'ed or eased toothers, 1'f any.**

**s»quare Footage**

**u**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Building Use** | **Loc. 1** | **Loc. 2** | **Loc. 3** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Building Square Footage** |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **B** | **ilding Security Neic** | | | | | | **hborhood type** | | |
| **Location** | **Boarded** | **Locked** | **Fenced** | **24-hour security** | **Alarmed** | **Resi-**  **dential** | **Com- merciaI** | **Indus-**  **trial** | **Rural** |
|  |  |  |  |  |  |  |  |  |
|  |  | | | | | |  | | |

How often do you see the building? \_

2. Plans for the building(s): ------------,------------:--

Is a building to be demolished or remodeled? Yes No Ifyes,please answer the following:

Describe the work to be done: \_ Expected start date: Expected completion date: \_

Who is performing the work?OLicensed Contractor D Applicant acting as General Contractor

D other

Are certificates of insurance obtained from contractors or subcontractors? D Yes D No

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

Estimated cost for renovation/construction operations:

During the next 12 months $ \_

For the entire project $ \_

Ifapplicant is acting as general contractor:

a. Does applicant obtain a written contract from all subcontractors which includes a hold­

harmless clause in favor of the applicant? D Yes D No

b. Is applicant named as an additional insured on the subcontractors' policy? D Yes D No c. Is scaffolding owned,rented or erected by the applicant? D Yes D No

Will applicant occupy the building upon completion? D Yes D No

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

**VACANT BUILDING PROPERTY COVERAGE SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD Property Application)

Applicant: \_ Location of Property:

1. How long have you known the applicant? \_

2. How long has risk been vacant? \_

3. Why is the risk vacant? \_

4. What and when are the prospects for occupancy? \_

5. What are the plans for the property? \_

6. Is building locked and secure from unauthorized access? \_

7. Is building checked (at least) weekly by the applicant or its representative?

D Yes D No \_

8. Are utilities on? D Yes D No \_

9. If water utility is on, what steps are being taken to avoid frozen pipes? \_

10. Do you write other business for applicant? D Yes D No \_

11. Is this a remote or high crime area? D Yes D No \_

12. Can you attest that the applicant is in good financial condition? 0 Yes 0 No

13. Do you suspect any moral/morale hazard with this property? D Yes D No

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