



**VACANT BUILDING
SUPPLEMENTAL APPLICATION**

First Named Insured: _____

1. Date property became vacant: _____

2. What was prior occupancy: _____

3. Is the building for sale or lease? YES NO
If for sale, date property was put up for sale: _____

4. How was the amount of insurance determined? _____

5. Date property purchased: _____
If within 3 years, what was the purchase price? _____

6. Are regular security checks done? YES NO
If yes, by whom? _____

7. Are the windows boarded up? YES NO

8. Are the utilities presently connected? YES NO

9. Is the building sprinklered? YES NO
If yes, is it still activated? YES NO
Who checks on the system to make certain the system is operating? _____

10. Reason the building is vacant or unoccupied: _____

11. Expected date of occupancy: _____

12. Type of neighborhood: _____
Is neighborhood declining or in an area of renovation? YES NO

13. Is the building scheduled for demolition? YES NO
If yes, when? _____

14. Is there a governmental order to vacate or destroy the building, or has the building been classified as uninhabitable or structurally unsafe? YES NO



I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in you operation must be reported to your agent.

_____ Signature of Applicant	_____ Title	_____ Date
_____ Signature of Producing Agent		_____ Date
_____ Agent Name	_____ Agent Address	