



## VACANT BUILDINGS SUPPLEMENT

(Include Acord Application)

Applicant/Named Insured: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 Website: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_

**1. Building Information**

Description	Location #1	Location #2	Location #3	Location #4
Construction type				
Year built				
Number of stories				
Date of vacancy				
Prior occupancy				
Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electric	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities On or Off	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> On <input type="checkbox"/> Off
Intended use				
Square footage (Sq. Ft.)				
Sq. ft. leased to or occupied by others				

Describe any square footage leased to or occupied by others: \_\_\_\_\_

**2. Building Security**

Description	Location #1	Location #2	Location #3	Location #4
Residential	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Industrial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rural	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locked	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fenced	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24-hour Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alarmed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. How often does applicant see the building?     Weekly    Monthly    Quarterly    Bi-Annual    Annual
4. Why is building vacant? \_\_\_\_\_
5. Is area:     Remote    High Crime    Other: \_\_\_\_\_
6. If water utility is on, describe steps taken to avoid frozen pipes: \_\_\_\_\_
7. Describe occupancy prospects, if any: \_\_\_\_\_
8. Is there any ongoing or planned future development?     Yes  No  
 If yes, describe (include expected start or completion dates and who will perform work): \_\_\_\_\_
9. If demolition or development is planned, will applicant act as:     General Contractor    Licensed Contractor  
 Other: \_\_\_\_\_
  - a. Estimated cost for renovations / construction operations:  
 Next 12 months: \$ \_\_\_\_\_ Entire project: \$ \_\_\_\_\_
  - b. Are certificates of insurance obtained from all contractors or subcontractors?     Yes  No  
 If yes, minimum limits required: \_\_\_\_\_

- c. Are written contracts obtained, which contain a hold harmless agreement in your favor?  Yes  No
- d. Is applicant named as an additional insured on the subcontractor's policy?  Yes  No
- e. During demolition or development, is scaffolding owned, rented or erected by the applicant?  Yes  No
- f. Will applicant occupy the building upon completion?  Yes  No

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

**NOTICE TO APPLICANTS (EXCEPT CO & NY):**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

**NOTICE TO COLORADO APPLICANTS:**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO NEW YORK APPLICANTS:**

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 valued of the claim for each such violation.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer Name

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date

9. If demolition or development is planned, will applicant act as:  General Contractor  Licensed Contractor  
 Other: \_\_\_\_\_

a. Estimated cost for renovations/ construction operations:  
 Next 12 months: \$ \_\_\_\_\_ Entire project: \$ \_\_\_\_\_

b. Are certificates of insurance obtained from all contractors or subcontractors?  Yes  No  
 If yes, minimum limits required: \_\_\_\_\_

c. Are written contracts obtained, which contain a hold harmless agreement in your favor?  Yes  No

d. Is applicant named as an additional insured on the subcontractor's policy?  Yes  No

e. During demolition or development, is scaffolding owned, rented or erected by the applicant?  Yes  No

f. Will applicant occupy the building upon completion?  Yes  No

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\_\_\_\_\_  
 Applicant Name Applicant Signature Date

\_\_\_\_\_  
 Producer Name Producer Signature Date